

COUNTY BOROUGH OF BOLTON



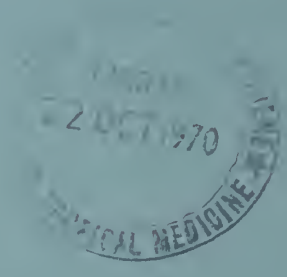
ANNUAL REPORT

OF THE

Principal School
Medical Officer

FOR

1963



COUNTY BOROUGH OF BOLTON
EDUCATION COMMITTEE



ANNUAL REPORT

OF THE

Principal School
Medical Officer

FOR THE YEAR 1963

A. I. ROSS, M.D., D.P.H.

Principal School Medical Officer

SCHOOLS SUB-COMMITTEE

Municipal Year 1963-1964

HIS WORSHIP THE MAYOR

(Alderman T. Connor, J.P.)

COUNCILLOR G. HASLAM (Chairman)

ALDERMAN C. H. LUCAS (Vice-Chairman)

ALDERMAN W. H. BATESON

ALDERMAN MISS H. M. BESWICK, J.P.

ALDERMAN MRS. N. VICKERS

COUNCILLOR A. D. HAMER

COUNCILLOR S. HARRISON

COUNCILLOR R. L. HOWARTH

COUNCILLOR MRS. E. M. RYLEY

REV. R. BROWN (*Co-opted Member*)


REV. N. W. FORD „ „

MR. G. L. HUMPHREY „ „

MISS E. SHERRY „ „

MR. T. WILLIAMS „ „

STAFF OF THE SCHOOL HEALTH SERVICE



Principal School Medical Officer...	Dr. A. I. Ross	
Deputy Principal School Medical Officer	Dr. I. S. Macdonald	
School Medical Officers	Dr. Eve M. Mawdsley Dr. Audrey Seddon Dr. Mavis J. Allanson Dr. Sylvia J. A. Raymond Dr. James T. Carroll Dr. C. O. Lois Holt	(Part-time) (Part-time)
School Medical Officers worked part-time in both the Maternity and Child Welfare and School Health Services, and were appointed as Assistant Medical Officers of Health and School Medical Officers.		
Ophthalmic Surgeons	Dr. T. Chadderton Dr. T. Shannon	(Part-time) (Part-time)
Ear, Nose and Throat Surgeon	Mr. G. G. Mowat	(Part-time)
Principal School Dental Officer	Mr. A. E. Shaw	
School Dental Officers	Mr. S. J. Bray Mr. M. R. Annis Mr. I. G. Black Miss Glenys Haworth Mr. W. J. Abbott Mrs. Mary R. McKenna Mr. S. M. Aalen	(Part-time) (Part-time) (Part-time) (Part-time) (Part-time) (Part-time) (Commenced 4.6.63) (Commenced 15.7.63)
Dental Anaesthetist	Mr. J. P. H. Donovan Dr. Elizabeth Mitchell Mr. T. H. Wignall	(Part-time) (Part-time)
Psychiatrist	Dr. A. Gage	(Part-time) (Resigned 15.9.63)
Educational Psychologist	Mrs. M. A. Spencer	
Clinical Psychologist	Mrs. P. Bunn	(Part-time)
Speech Therapists	Mrs. F. Barber Mrs. A. M. Keogh Mrs. B. P. Pannell	(Resigned 31.5.63) (Part-time) (Resigned 31.5.63) (Commenced 19.8.63)
Chiropodist	Miss Anne C. Drury	(Part-time)
Superintendent Nursing Officer ...	Miss E. M. Richardson	
Deputy Superintendent Health Visitor and School Nurse	Miss A. M. Fraser	

NURSING STAFF

On the 31st December there were 5 full-time School Nurses, and 29 Health Visitors working part-time on School Health and part-time on Maternity and Child Welfare work—the equivalent of 12·2 full-time School Nurses.

The Superintendent Nursing Officer supervised the work of the staff and was assisted by the Deputy Superintendent Health Visitor and School Nurse.

DENTAL SURGERY ASSISTANTS

There were 9 dental surgery assistants employed on the 31st December.

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Health Department,
Civic Centre,
Bolton.

July, 1964

*To the Chairman and Members of the Schools Sub-Committee
of the Bolton Education Committee.*

During 1963 the health of the school children of Bolton remained very good and there were no serious outbreaks of infectious disease. Two cases of poliomyelitis, one paralytic and the other non-paralytic, occurred.

Doctor Gage, the Child Psychiatrist, who undertook two sessions a week for Bolton and who had therefore a very considerable waiting list, left in September and at the end of the year the Regional Hospital Board which employed him had not been able to fill the vacancy. There is, unfortunately, a general shortage of child psychiatrists and the Board for some time in the future will be able to provide for only two sessions a week which is inadequate.

Further work was done during the year on assessing the efficacy of replacing the intermediate school medical examination by a system of selective examinations. Tests undertaken in two schools, Devonshire Road and Lever Edge Lane, showed that no defect of any significance would have been missed by the selective procedure. We are now looking further into the administrative preparations necessary to extend selective examinations.

A small investigation undertaken into the smoking habits of school children showed that both the great majority of those who admitted to smoking and those who stated that they did not smoke, knew about the risks of smoking cigarettes. Similar results were found among adults. It would seem that knowing the risks of cigarette smoking is not enough to prevent children starting to smoke and does not deter those who already smoke. Something more is required. Unfortunately, the further steps are not clear.

Consideration will presently have to be given to a new clinic in the centre of the town as the Robert Galloway Clinic will be demolished to make way for the inner relief road, and Charles Street Clinic is unsuitable in many ways.

My sincere thanks are due to the Chief Education Officer and his staff for their most helpful co-operation during the year, and to the Committee for their continued interest and support.

A. Ross.

Principal School Medical Officer

GENERAL INFORMATION

No. of pupils on registers of maintained schools 24,484

Children attending:

Nursery Schools	169
Primary Schools	14,858
Secondary Modern Schools	5,597
Secondary Technical Schools	1,460
Secondary Grammar Schools	1,955
Special Schools	445

The number of children attending primary schools included 906 children at 31 nursery classes held in 26 of the primary schools.

No. of schools maintained by the Authority 91

Nursery Schools	2
Primary Schools	63
Secondary Schools	22
Special Schools	4

ARRANGEMENTS FOR TREATMENT AND SPECIAL EXAMINATIONS

Minor Ailments:

Consultation and Treatment Sessions—Doctor in Attendance

SCHOOL CLINIC	DAY AND TIME OF COMMENCEMENT	No. OF SESSIONS WEEKLY
Robert Galloway Clinic, Ward Street.	Tuesday and Thursday, 9.30 a.m.	2
Charles Street Clinic, off Folds Road.	Wednesday, 2.0 p.m. Friday, 2.0 p.m.	2
The Withins School Clinic, Withins Lane, Brightmet.	Wednesday, 9.30 a.m.	1
Astley Bridge School Clinic, Moss Bank Way.	Tuesday, 9.30 a.m.	1

Minor Ailment Treatment Sessions—Nurse only in Attendance

SCHOOL CLINIC	DAY AND TIME OF COMMENCEMENT	No. OF SESSIONS WEEKLY
Robert Galloway Clinic, Ward Street.	Monday to Friday, 9.30 a.m.	5
Charles Street Clinic, off Folds Road.	Monday to Friday, 2.0 p.m.	5
The Withins School Clinic, Withins Lane, Brightmet.	Monday, Wednesday and Friday, 9.30 a.m.	3
Astley Bridge School Clinic, Moss Bank Way,	Tuesday and Thursday, 9.30 a.m.	2

Treatment Centres with only a school nurse in attendance were conducted at the following schools:—

Brownlow Fold	.. .. .	Thursday morning
Gaskell Street	.. .. .	Wednesday afternoon
Whitecroft	.. .. .	Wednesday morning
Hayward	.. .. .	Friday morning

Dental Surgeries:

Six dental surgeries were in operation as follows:—

ROBERT GALLOWAY CLINIC	.. .. .	..	2 Surgeries
Monday to Friday, 9.30 a.m. and 2.0 p.m.			
CHARLES STREET CLINIC	.. .. .	..	2 Surgeries
Monday to Friday, 9.30 a.m. and 2.0 p.m.			
ASTLEY BRIDGE SCHOOL CLINIC	.. .. .	..	1 Surgery
Monday to Friday, 9.30 a.m. and 2.0 p.m.			
THE WITHINS SCHOOL CLINIC	.. .. .	..	1 Surgery
Monday to Friday, 9.30 a.m. and 2.0 p.m.			

Aural Clinics:

The Consultant Aural Surgeon attended fortnightly at both the Charles Street School Clinic and the Robert Galloway Clinic to see by appointment school children who were referred by the school medical officers.

Ophthalmic Clinics:

The Consultant Ophthalmic Surgeons attended at Charles Street Clinic and the Robert Galloway Clinic to examine by appointment children referred by school medical officers.

The clinics were held as follows:—

CHARLES STREET SCHOOL CLINIC

Wednesday morning	1 session fortnightly
-------------------	-----------------------

ROBERT GALLOWAY CLINIC

Monday afternoon	}	3 sessions weekly
Thursday afternoon		
Saturday morning		

Morning sessions commenced at 9.30 a.m. and afternoon sessions at 2.0 p.m.

Child Guidance:

During the earlier part of 1963 the Child Guidance Clinic continued to be held at the Robert Galloway Clinic and was run on the same lines as in 1962. Dr. A. Gage, a Consultant Psychiatrist with the Manchester Regional Hospital Board, attended on Tuesday mornings and Friday afternoons of each week. Dr. Gage resigned on the 15th September, 1963 and unfortunately the Regional Board was unable to provide a replacement during the remainder of the year. A few urgent cases were seen by Dr. Leyberg at Bolton District General Hospital, or by a child psychiatrist in Manchester, but apart from this there was virtually no child psychiatric service in Bolton in the last three and a half months of 1963. This situation continued until April, 1964, when Dr. Dunn took up duty as Consultant Child Psychiatrist in place of Dr. Gage.

Speech Therapy:

At the beginning of 1963 one full-time and one part-time speech therapist were employed. Both resigned on the 31st May, 1963, and another full-time speech therapist took up duty on the 19th August. The Speech Therapy Service has thus been limited by shortage of staff during the greater part of the year.

Audiometry:

Routine audiometric testing continued to be carried out in schools on the same basis as in previous years. Routine testing is carried out as soon as possible after school entry and at the age of twelve years. In addition to the routine testing, full examination is carried out on children who have speech defects, who may be backward or who are specially referred for any reason.

Enuresis Clinic:

The enuresis clinic has continued to be held weekly over the past year at the Robert Galloway Clinic, and attendance is by appointment only.

Children have been referred to the clinic by the Consultant Paediatrician, general practitioners, school medical officers, health visitors and head teachers. There is still a waiting list for treatment, which is mainly by use of an alarm unit.

During the year, 108 children have attended the clinic. Of these children, seventy-two have been new patients. On initial attendance at the clinic a full history is taken, clinical examination and urine examination performed. Fifty of these children have been cured of their enuresis and nine children have been greatly improved. Of the remaining children, thirty-six are still under treatment. Thirteen children have not initially improved by this method of treatment, but as some of these children were rather young they will be kept under review and given a further course of treatment if required.

Ultra Violet Light Treatment:

Ultra violet light therapy was available in the Health Department on the same basis as in previous years. Children may receive this treatment on the recommendation of school medical officers.

Breathing Exercises:

The physiotherapist in the Health Department continued to give instruction in breathing exercises for children recommended by school medical officers, chest physicians and the aural surgeon. She also attended at Lostock Open Air School to give instruction in breathing exercises to children at the school.

MEDICAL INSPECTION OF SCHOOL CHILDREN

The routine medical inspection of children continued on the same lines as in previous years. Three inspections are carried out during the school life of each child—one on entry to school, one in the last year at primary school and one in the last year of attendance at secondary school. Children attending special schools are inspected annually.

In my reports for the past two years I have made some comments about the value of the routine examination of all primary school leavers, and in my report for 1962 I discussed the possibility of substituting a selective examination in place of the routine examination of primary school leavers. Arrangements were made to carry out a selection procedure on an experimental basis in two schools—Devonshire Road and Lever Edge Lane—during 1963. The procedure adopted

was to select, on the basis of the parents' answers to a questionnaire and the head teacher's knowledge of the child, along with information already available about the child in this department, those children who might possibly have some defect which merited attention. Having made the selection, all the children were in fact examined and the results were subsequently reviewed to determine whether the selection procedure would have been successful. It did emerge that no defect of any significance would have been missed by this selection procedure. After the work had been carried out a meeting was held with the head teachers, school medical officers and the school nurses concerned, and it was generally agreed that the selection procedure was an improvement on the routine examination of all children in this age group. The main advantage was that more time was spent by the head teacher and the school medical officer in discussing the children who were due for examination, and this led to a useful exchange of information.

I am grateful to the headmasters of these two schools for their co-operation in this trial procedure.

Now that the selective examination of primary school leavers has been shown to be an improvement on the routine examination of all children in this age group, the next step should be the introduction of selective examination in all schools in the borough. This calls for a certain amount of preparatory work on the administrative side and is a matter which I hope to be able to ask the Committee to consider in due course.

Periodic Medical Inspections

The total number of periodic medical inspections carried out in 1963 was 6,658, which was less than the number carried out in 1962, namely 7,361. The number of inspections in 1963 was, in fact, very similar to the number in 1960 and in earlier years.

Number of children inspected:

Entrants	..	..	..	..	..	2,256
Primary School Leavers	..	..	..	..	..	2,050
Senior Leavers	..	..	..	..	..	1,928
						<hr/>
TOTAL	..	..	..	..	..	6,234
Additional periodic inspections (including Special Schools)	..	..	..	..	..	424
						<hr/>
GRAND TOTAL						<u>6,658</u>

Other Examinations

Special examinations	..	..	..	..	..	9,085
Re-inspections	..	..	..	..	..	6,436
						<hr/>
TOTAL	..	..	..	..	..	<u>15,521</u>

RESULT OF INSPECTIONS

Periodic Inspections

The number of defects requiring treatment found at periodic inspections was 2,518, compared with 2,915 in 1962, a decrease of 397. The number of cases requiring observation fell from 2,503 in 1962 to 2,270 in 1963, a decrease of 233. The total number of children found to have defects was slightly less in 1963 than in 1962. Both the number of defects requiring treatment and the number of defects requiring observation have shown a decline.

Defect or Disease	Periodic Inspections						TOTAL	
	Entrants		Leavers		Others— Primary School Leavers Additional periodic inspections and Special Schools			
	Re- quiring treat- ment	Re- quiring obser- vation	Re- quiring treat- ment	Re- quiring obser- vation	Re- quiring treat- ment	Re- quiring obser- vation	Re- quiring treat- ment	Re- quiring obser- vation
Skin	38	47	61	19	56	10	155	76
Eyes:								
a. Vision . .	126	98	398	45	404	105	928	248
b. Squint . .	67	10	8	1	70	7	145	18
c. Other . . .	7	5	3	—	8	8	18	13
Ears:								
a. Hearing . .	55	51	24	13	31	144	110	208
b. Otitis Media	28	43	10	11	9	33	47	87
c. Other . . .	13	11	5	2	11	4	29	17
Nose and Throat	195	209	22	19	105	112	322	340
Speech	15	58	1	7	17	136	33	201
Lymphatic Glands	21	116	1	4	5	37	27	157
Heart	21	19	13	7	11	10	45	36
Lungs	32	47	24	6	42	32	98	85
Developmental:								
a. Hernia . .	5	4	1	3	4	3	10	10
b. Other . . .	76	78	6	17	70	65	152	160
Orthopaedic:								
a. Posture . .	1	11	2	12	5	18	8	41
b. Feet	39	30	7	7	26	35	72	72
c. Other	22	31	25	43	21	27	68	101
Nervous System:								
a. Epilepsy . .	4	2	2	—	14	5	20	7
b. Other	5	6	11	8	11	11	27	25
Psychological:								
a. Development	7	20	5	5	6	204	18	229
b. Stability . .	5	24	8	4	19	41	32	69
Abdomen	18	20	7	2	24	12	49	34
Other	33	9	31	7	41	20	105	36
TOTALS	833	949	675	242	1,010	1,079	2,518	2,270

Summary of Pupils found to require Treatment

Age Group Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in previous table	Total individual pupils
1959 and later	7	127	131
1958	58	233	268
1957	63	228	261
1956	9	28	32
1955	7	11	13
1954	7	8	13
1953	234	277	455
1952	111	121	204
1951	8	12	17
1950	8	6	13
1949	203	147	311
1948 and earlier	213	111	295
TOTALS	928	1,309	2,013

Special Inspections

The following table shows the number of defects found at special inspections.

Defect or Disease	Special Inspections	
	Requiring Treatment	Requiring to be kept under observation
Skin	333	29
Eyes:		
a. Vision	12	5
b. Squint	4	—
c. Other	25	5
Ears:		
a. Hearing	184	110
b. Otitis Media	50	10
c. Other	38	11
Nose and Throat	123	33
Speech	21	8
Lymphatic Glands	2	—
Heart	2	15
Lungs	29	18
Developmental:		
a. Hernia	1	—
b. Other	43	23
Orthopaedic:		
a. Posture	1	1
b. Feet	11	4
c. Other	42	19
Nervous System:		
a. Epilepsy	5	3
b. Other	22	14
Psychological:		
a. Development	19	7
b. Stability	39	19
Abdomen	8	5
Other	77	26
TOTALS	1,091	365

Presence of Parents at Periodic Medical Inspections:

Age Group Inspected	No. of pupils inspected	No. with parent present
Entrants	2,256	1,762
Primary School Leavers	2,050	1,334
Senior Leavers	1,928	107
Additional periodic inspections (including Special Schools)	424	139
TOTALS	6,658	3,342

Visits to the homes of children by school nurses:

The number of home visits paid by school nurses was 445, compared with 617 in 1962. These visits continued to be made for the same reasons as in the past; some were in connection with the cleansing of children who were found to be infested with vermin, and others were in connection with examinations made under Section 34 or Section 57 of the Education Act, 1944. Some visits were also made in connection with failure to attend clinics held either by the local authority or at the hospital.

MINOR AILMENTS

For the first time for some years the number of attendances at minor ailment clinics showed a slight increase. The number of individual children attending school clinics and treatment centres was 2,853, an increase on the previous year when the total number was 2,614. The total number of attendances also increased from 7,828 in 1962 to 9,498 in 1963. It remains to be seen whether the decline in the work of the Minor Ailment Clinics which has been a feature of the past few years has been permanently halted, or whether this is only a temporary check.

Clinic or Centre	No. of individual children who attended	Children seen by medical officer on first visit	No. of subsequent visits to medical officer	Children seen by nurse on first visit	No. of subsequent visits to nurse	Total No. of Attendances
Robert Galloway	721	490	219	540	1,608	2,857
Charles Street . .	731	392	131	649	2,503	3,675
The Withins . .	367	265	93	272	704	1,334
Astley Bridge . .	176	157	16	99	140	412
Treatment Centres	858	—	—	858	362	1,220
TOTALS . .	2,853	1,304	459	2,418	5,317	9,498

The number of visits by school children to the treatment centres in schools was as follows:

Whitecroft	20
Gaskell Street	26
Brownlow Fold	361
Hayward	813
TOTAL	1,220

NOTES ON SPECIFIC DEFECTS

Diseases of the Skin:

Forty-six cases of scabies were treated during the year, compared with twenty-six in 1962 and only fifteen in 1961. It now seems clear that the incidence of scabies is increasing and this is a matter which will require close attention in the succeeding year.

Once again, no cases of ringworm of the scalp were discovered during the year.

Disease	Number of cases treated or under treatment by the Authority
Ringworm:	
(i) Scalp	—
(ii) Body	1
Scabies	46
Impetigo	16
Other skin diseases	287
TOTAL	350

Impetigo treated in School Clinics:

The number of cases of impetigo treated in school clinics was sixteen in 1963, compared with thirty-three in 1962. The table below gives the figures for the past ten years.

Year	No. of Cases	Year	No. of Cases
1954	120	1959	74
1955	76	1960	63
1956	43	1961	34
1957	32	1962	33
1958	39	1963	16

Defects of the Ear, Nose and Throat:

A total of 672 children had their tonsils and adenoids removed during the year; six had operations for diseases of the ear and fifteen for other nose and throat conditions. Two hundred and thirty-three of these children were seen by the aural surgeon at the school clinics and referred to hospital for treatment, and 460 children were referred direct to the hospital for treatment.

Treatment

	Number of cases known to have been dealt with
Received operative treatment—	
for diseases of the ear	6
for adenoids and chronic tonsillitis . .	672
for other nose and throat conditions . .	15
Received other forms of treatment	76
TOTAL	769

Mr. G. Gordon Mowat, the Consultant Aural Surgeon, reports:

“Regular weekly aural clinics have been held for the past twelve months.

Routine screening of school children for hearing loss has produced many cases of slight deafness which might otherwise have been missed. These cases are assessed for diagnosis and the degree of hearing loss and suitable treatment instigated.

I would like to take this opportunity of thanking the nursing and administrative staffs of the clinics for their help and co-operation.”

Ear, Nose and Throat Clinics

No. of visits by patients	535
No. of patients attending	344
No. of new patients	276
No. of children referred from periodic inspections . .	142
No. of children referred from school clinics . .	198
No. of children referred from other sources . .	—

Children attending the clinics for the first time were seen for the following conditions, which may have been multiple in any particular child:

Disease or Defect	Referred from—			TOTAL
	Periodic Inspection	School Clinics	Other Sources	
Deafness	19	73	—	92
Otitis Media	3	7	—	10
Tonsil and adenoid abnormalities	105	108	—	213
Catarrhal conditions	12	13	—	25
Sinusitis	—	—	—	—
Speech difficulties	1	1	—	2
Other conditions	9	7	—	16
TOTALS	149	209	—	358

Three partially hearing children were recommended for special educational treatment and admitted to the Thomasson Memorial School during 1963.

Four children were recommended for attendance at the lip reading class.

The aural surgeon completed prescriptions for hearing aids in respect of five children.

Two children were referred by school medical officers to Sir Alexander Ewing at the Department of Audiology and Education of the Deaf at Manchester University.

Pure Tone Audiometric Testing:

Pure tone audiometry was used for the routine examination of hearing in school children. A sweep test is carried out as a method of selecting those children who may have defective hearing. The sweep test is carried out twice in a child's school life, the first test being shortly after entry and the second at about the age of twelve years. Children who fail the sweep test are invited to the clinic for a full examination.

The early ascertainment of deafness in children is extremely important and the health visitors carry out screening tests for the ascertainment of deafness in pre-school children as part of the work undertaken by the Health Department.

The following table shows the numbers of children in various age groups tested at schools and tested at clinics.

Sweep Testing in Schools

Sources of Children tested	Tested			Failed Test		
	Boys	Girls	Total	Boys	Girls	Total
Ordinary Schools	1,232	1,090	2,322	184	161	345
Secondary Modern and Techni- cal Schools	1,320	1,393	2,713	136	138	274
TOTALS ..	2,552	2,483	5,035	320	299	619

Full Testing at the Clinics

Source of Reference	No. of children referred for test	Awaiting app't for test 1963	App't not kept for test	Result of Audiogram		Unsatisfactory Audiograms and Recommendations				
				Satisfactory	Unsatisfactory	Change of position in class	For observation	Repeat audiogram	Treatment at the clinic	To Aural Surgeon
Failed sweep test in school ..	622	38	76	131	377	20	206	73	4	74
School Medical Officers ..	163	—	17	21	125	12	41	20	3	49
School Medical Officers on account of speech defect	56	3	9	23	21	—	17	—	3	1
On account of backwardness	45	1	6	28	10	—	7	—	2	1
Others:										
Aural Surgeon	27	—	—	4	23	1	6	5	4	7
Headmaster	11	—	—	1	10	—	4	1	1	4
Parent . . .	17	—	—	4	13	1	6	1	1	4
Family Doctor	9	—	2	2	5	—	3	1	—	1
Health Visitors	8	—	1	2	5	—	3	1	—	1
Paediatrician	—	—	—	—	—	—	—	—	—	—
Educational Psychologist	2	—	—	2	—	—	—	—	—	—
Repeat Audiograms	196	2	25	26	143	3	67	28	10	35
TOTALS ..	1,156	44	136	244	732	37	360	130	28	177

Diseases of the Eye:

Altogether 1,791 children are known to have been dealt with for errors of refraction. Of these, 1,676 were refracted by the ophthalmic surgeons at the school clinics. The total attendances at the clinics numbered 3,298, of which 3,267 were for refraction, repairs to glasses and re-examinations, and 31 for diseases of the eye.

Two children were referred to the Bolton Royal Infirmary.

In 243 cases spectacles were repaired or replaced.

Twenty-three children were referred to the ophthalmic clinic at the Bolton Royal Infirmary for treatment for squint.

Dr. T. Shannon, Consultant Ophthalmic Surgeon attending at the Robert Galloway Clinic, reports:

"I am pleased to report that the Ophthalmic Clinics continue to work very smoothly indeed. Children are seen regularly and mostly the parents attend with them. I am very satisfied with the conscientiousness of the parents in carrying out the instructions given to them, with very good results.

The attendances of both new and old patients have increased during the past twelve months, but in spite of the number of children attending each session regarding squints, the usual number of eye tests has been maintained throughout the year."

Dr. T. Chadderton, Consultant Ophthalmic Surgeon attending at the Robert Galloway Clinic, reports:

"I am pleased to report that the School Eye Clinics continue to run very smoothly, thanks to the efficient help of the nursing and clerical staffs.

I am impressed with the high percentage of parents who attend the clinics with their children. This co-operation of parents not only indicates their interest in their children's welfare, but is of considerable help to me and the staff in improving the efficiency of the clinics.

Since the waiting list for squint operations at the Bolton Royal Infirmary is now very small, all such cases referred from the clinics are very promptly dealt with."

Cases of eye disease, defective vision or squint for which treatment was initiated by the school medical officers, may be analysed as follows:

	Number of cases known to have been dealt with
External and other conditions excluding errors of refraction and squint	28
Errors of refraction (including squint) . .	1,791
TOTAL	1,819
Number of pupils for whom spectacles were prescribed	1,145

The following were found at periodic medical inspection to require attention for defects of the eye:

Defect	Age Groups Inspected				Totals
	Entrants	Primary School Leavers	Senior School Leavers	Additional Periodic Inspections and Special Schools	
Defective Vision	126	329	398	75	928
Squint	67	51	8	19	145
Blepharitis	2	2	—	1	5
Conjunctivitis . .	1	—	1	1	3
Other	4	3	2	1	10

Orthoptics:

Children requiring treatment by an orthoptist continued to be referred to the orthoptic clinic at the Bolton Royal Infirmary as it has not been possible to recruit an orthoptist to do this work in the school clinics.

Defective Colour Vision:

As in previous years, the colour vision of secondary school leavers has been tested using the Ishihara method. In 1963, thirty-five children were found to have defective colour vision, compared with twelve in 1962. Thirty-four of these thirty-five children were, of course, boys.

Orthopaedic Defects:

Two hundred and two children were found to have orthopaedic defects. One hundred and forty-eight of these were found on periodic medical inspection and the remaining fifty-four at school clinics. Twenty-one children were referred to consultant orthopaedic surgeons at the Bolton Royal Infirmary for advice and treatment.

Chiropody:

The number of weekly sessions held by the chiropodist at the Robert Galloway Clinic remained at two throughout the year.

Miss Anne C. Drury, the Chiropodist, reports:

"During the past twelve months the Chiropody Clinic has been well attended as usual. Even during the school holidays there is little drop in attendance.

In addition to the general treatments I carried out a simple survey on the fitting of footwear. On the first visit of each child the feet and shoes were measured. Allowing shoes one and a half sizes larger than the feet (outside measurement) to be adequate, the results (of length) were as follows:

	BOYS	GIRLS
No. of children seen	130	212
Shoes too short	12	88
Percentage	9.2%	41.5%

In fairness, however, I must say that many parents were surprised at the results and anxious to supervise their children's shoe fitting more carefully in the future."

The number of children attending, and a summary of the defects treated, are given below:

	BOYS	GIRLS
No. of new patients who attended the clinic	130	212
Defects treated:		
Plantar Warts (Verrucae pedis)	110	177
Onychocriptosis (ingrowing nails)	2	7
Athlete's Foot (Tinea pedis)	6	2
Chilblains	5	7
Hallux valgus	—	6
Onychogryphosis (thickened nails)	1	2
General chiropody, advice, etc... .. .	10	46
Total number of treatments given	1,638	

Cleanliness of School Children:

The percentage of children with infested heads has remained virtually the same in 1963 as in 1962—5.7% compared with 5.9%. In both these years, however, the incidence of infested heads has been rather less than in the preceding years and it is hoped that there will be further improvement in the next few years.

During the year 112 children—30 boys and 82 girls—attended the Municipal Medical Baths at School Hill for vermin disinfestation and bodily cleansing.

Notices to Cleanse were issued under Section 54(2) of the Education Act in 54 cases, compared with 36 in 1962.

	1959	1960	1961	1962	1963
School population	25,373	25,311	25,271	24,571	24,484
No. of head inspections	56,184	54,720	49,318	53,167	50,932
No. of children with nits or vermin	1,923	1,775	2,021	1,456	1,398
Expressed as a percentage of school population	7.6	7.01	7.9	5.9	5.7

THE GENERAL CONDITION OF SCHOOL CHILDREN

Result of Routine Medical Inspection:

At the routine medical inspections the school medical officer concludes his medical report with a statement on the child's general condition, whether satisfactory or unsatisfactory. This classification, which was adopted nationally from the 1st January, 1956, has the merits of simplicity and practicability.

Of the 6,658 children examined at periodic inspections, 6,636 (99.67%) were satisfactory and only 22 (0.33%) were unsatisfactory, a very small percentage indeed. Details are given in the following table.

Age Groups Inspected (By year of birth)	No. of Pupils inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
1959 and later	446	443	99.33	3	0.67
1958	990	988	99.80	2	0.20
1957	844	836	99.05	8	0.95
1956	102	101	99.02	1	0.98
1955	38	38	100.00	—	—
1954	28	28	100.00	—	—
1953	1,467	1,464	99.80	3	0.20
1952	648	645	99.54	3	0.46
1951	53	53	100.00	—	—
1950	45	45	100.00	—	—
1949	1,121	1,120	99.91	1	0.09
1948 and earlier	876	875	99.88	1	0.12
TOTALS ..	6,658	6,636	99.67	22	0.33

The School Meals and Milk in Schools Scheme:

The percentage of school children during 1963 taking school milk under the above schemes	91.29
No. of dinners produced in the school kitchens during 1963..	2,774,653
Average number of children taking meals daily	12,819
Percentage of school children taking dinner s in school during 1963:	
Expressed as percentage of average attendances	58.90
No. of central kitchens	2
No. of kitchen/dining rooms	40
No. of children on free meals listed at 31st December ..	1,690

IMMUNISATION

Immunisation against diphtheria, tetanus and poliomyelitis continued on the same lines as in 1962. The Sabin oral poliomyelitis vaccine has now been firmly established in place of the Salk vaccine.

Children who have already been immunised against diphtheria, tetanus and poliomyelitis in infancy receive one booster injection against diphtheria and tetanus combined with one dose of oral Sabin vaccine at the age of five years. Where a child has not been adequately immunised against diphtheria or tetanus or poliomyelitis in infancy, a suitable course of immunisation is arranged.

DENTAL HYGIENE

Report of the Principal School Dental Officer

Staff:

The staffing position has continued to improve. The appointment during 1963 of one full-time officer and one part-time officer has increased the staff to the equivalent of 6.4 full-time officers against an establishment of 8.

Clinics:

The two surgeries at the Robert Galloway Clinic, two surgeries at Charles Street Clinic and one surgery at Astley Bridge Clinic operated throughout the year, and from July onwards the surgery at The Withins Clinic also operated on a full-time basis.

Dental Inspections:

14,288 children out of a school population of 24,484 received a routine dental inspection. This was an increase of 3,233 compared with 1962. Special inspections totalled 2,967 compared with 3,196 the previous year, and 3,389 two years ago, showing a small but welcome decrease. This decrease in the number of special inspections is attributable to the increase in the number of routine inspections.

Treatment:

5,577 children received treatment and were made dentally fit, this fitness being maintained by a six-monthly recall system. The ratio of conservations of permanent teeth to the extraction of permanent teeth was 3,730 : 2,450, a ratio of 1.52 compared with 1.11 in 1962. This is a welcome improvement and continues the trend of the last few years.

One hundred and seventy children received orthodontic treatment by means of appliances. Seventy-seven of these were new cases, and ninety-one removable and four fixed appliances were fitted.

Thirty-two patients were fitted with artificial dentures and one gold inlay and seven crowns were fitted.

General anaesthesia was administered in 2,734 cases, and 219 cases received a radiological examination and 308 X-ray films were taken.

Other forms of treatment included 9,461 other operations, comprising scaling and gum treatment, treatment of oral ulceration including two cases of acute ulcerative stomatitis (Vincent's Angina), dressings for the relief of pain, impressions, topical applications of stannous fluoride and adjustments to orthodontic appliances. Two appliances were made to assist speech therapy and one appliance was made in co-operation with the plastic surgeon for a child with a cleft palate.

General Remarks:

Some slight progress has been made in modernising equipment. It is hoped that a phased programme of modernisation over the next few years will do much to meet future requirements. Looking further ahead, the provision of one more surgery at Morris Green or at the Robert Galloway Clinic would give us the chance to be fully established for the first time.

Dental Health Education:

The third annual Dental Health Exhibition, lasting a week, was held at the Bolton Technical College and was attended by some 1,200 school children. This year, due to the clashing of the dates with examinations, we were deprived of the help of the dental hygienists from Manchester Dental Hospital. However, the willing help given by health visitors, who gave excellent demonstrations on correct foods and correct habits, made it possible for the exhibition to run successfully. Dental surgery assistants gave talks on correct oral hygiene, and the stand stressing the importance of regular dental treatment was staffed by dental officers. As in previous years gifts and loans were received from various organisations. The exhibition was a successful one and was enjoyed by all those children who attended. Thanks are due to the Education Department and the Head Teachers and staff who made the arrangements for the children to attend.

In conclusion, it is with pleasure that I express appreciation of the help given by the Chairman and members of the Schools Sub-Committee, the Medical Officer of Health and Chief Education Officer and their staffs. To all our Head Teachers and their staffs, on whose co-operation depends the smooth running of the School Dental Service, may I say how much the friendliness of our contacts with them and their valuable help is appreciated by the Dental Department.

Dental Inspection and Treatment:

(a) DENTAL AND ORTHODONTIC WORK

I	Number of pupils inspected by the Authority's Dental Officers:								
	<i>i</i> At Periodic Inspections	..	..	14,288	}	Total (I) ..	17,255		
	<i>ii</i> As Specials	..	..	2,967					
II	Number found to require treatment	..	..	..	..	..	12,757		
III	Number offered treatment	..	..	..	..	..	10,846		
IV	Number actually treated	..	..	..	..	..	5,577		

(b) DENTAL WORK (other than orthodontics)

I	Number of attendances made by pupils for treatment excluding those recorded at (c) <i>i</i> below						13,909
II	Half days devoted to:						
	<i>i</i> Periodic (School) Inspection	..	90	}	Total II ..	2,191	
	<i>ii</i> Treatment	2,101					
III	Fillings:						
	<i>i</i> Permanent Teeth	..	4,072	}	Total III ..	6,075	
	<i>ii</i> Temporary Teeth	..	2,003				
IV	Number of Teeth Filled:						
	<i>i</i> Permanent Teeth	..	3,730	}	Total IV ..	5,597	
	<i>ii</i> Temporary Teeth	..	1,867				
V	Extractions:						
	<i>i</i> Permanent Teeth	..	2,450	}	Total V ..	7,685	
	<i>ii</i> Temporary Teeth	..	5,235				

VI	<i>i</i>	Number of general anaesthetics given for extractions	..	2,734
	<i>ii</i>	Number of half days devoted to the administration of general anaesthetics by:		
		A. Dentists	.. .. . 184	} Total vi .. 242
		B. Medical Practitioners	.. .. . 58	
VII		Number of pupils supplied with artificial teeth	.. .. .	32
VIII		Other operations:		
	<i>i</i>	Crowns	.. .. . 7	} Total viii 9,469
	<i>ii</i>	Inlays	.. .. . 1	
	<i>iii</i>	Other Treatment	.. .. . 9,461	

(c) **Orthodontics**

	<i>i</i>	Number of attendances made by pupils for orthodontic treatment	.. .. .	632
	<i>ii</i>	Half days devoted to orthodontic treatment	.. .. .	60
	<i>iii</i>	Cases commenced during the year	.. .. .	77
	<i>iv</i>	Cases brought forward from the previous year	.. .. .	93
	<i>v</i>	Cases completed during the year	.. .. .	68
	<i>vi</i>	Cases discontinued during the year	.. .. .	31
	<i>vii</i>	Number of pupils treated by means of appliances	.. .. .	170
	<i>viii</i>	Number of removable appliances fitted	.. .. .	91
	<i>ix</i>	Number of fixed appliances fitted	.. .. .	4
	<i>x</i>	Cases referred to and treated by Hospital Orthodontists	.. .. .	1

INFECTIOUS DISEASES IN CHILDREN

Of the notifiable infectious diseases, measles occurs more frequently than any other. The number of notifications in 1963 was particularly high as there was a winter outbreak of measles which extended from the last quarter of 1962 into the first quarter of 1963.

There were two cases of poliomyelitis during the year among children; one was paralytic and one non-paralytic.

One child aged nine years contracted paratyphoid fever in the latter part of the year. This appeared to be an isolated case.

The notifications of dysentery at 51 were unusually low.

Incidence of Infection:

The number of cases of infectious diseases each month was as follows:

Disease	Number of Cases												Total
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	
Scarlet Fever	5	8	13	13	11	4	3	—	—	3	—	3	63
Measles	430	584	471	367	148	23	12	22	10	37	45	33	2,182
Whooping Cough ..	—	—	3	—	—	—	3	3	13	16	4	12	54
Pneumonia	3	6	4	1	2	1	4	3	2	4	5	2	37
Poliomyelitis													
Paralytic	—	1	—	—	—	—	—	—	—	—	—	—	1
Non-Paralytic ..	—	—	1	—	—	—	—	—	—	—	—	—	1
Enteric Fever													
(Paratyphoid B) ..	—	—	—	—	—	—	—	—	—	1	—	—	1
Dysentery	4	1	6	4	10	13	1	3	3	4	—	2	51
Food Poisoning ..	2	6	3	3	1	—	—	1	—	4	1	—	21
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection													
Acute Encephalitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—

Age at Infection:

The age of the children at infection is shown below:—

Disease	Age															Total	
	Under 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14		15
Scarlet Fever	—	1	3	6	7	18	14	5	2	3	—	1	2	1	—	—	63
Measles	77	282	361	331	355	445	223	48	14	17	10	10	1	4	2	2	2,182
Whooping Cough ..	6	9	10	6	7	4	5	3	—	1	1	2	—	—	—	—	54
Pneumonia	9	4	9	1	3	2	1	—	2	1	1	1	1	—	1	1	37
Poliomyelitis																	
Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Non-Paralytic ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
Enteric Fever																	
(Paratyphoid B) ..	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Dysentery	7	7	7	3	8	4	5	1	1	1	1	3	—	1	—	2	51
Food Poisoning ..	2	3	5	2	1	2	1	—	—	1	—	1	1	2	—	—	21
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

REPORT ON PHYSICAL EDUCATION

In spite of the shortage of teachers, particularly the specialist teachers in physical education, the standard has remained high. The Annual Demonstration in Physical Education was held at Smithills School for the first time and was considered to be one of the best.

A very successful School Leavers Rally for girls leaving school was organised to encourage them to continue their interests in the various branches of physical education and to join the many clubs in Bolton. Girls were coached in archery, badminton, netball, golf, tennis, table tennis and trampolining, and talks and films were part of the programme. Many clubs in Bolton brought their equipment and gave demonstrations.

Swimming has continued to maintain an excellent standard. In the Annual Swimming Competition for the award offered by the Humane Society for the Hundred of Salford, the special award was gained by a Bolton boy and a Bolton girl was second. Three shields were awarded to schools in Bolton by the Manchester and District Branch of the Royal Life Saving Society. A very successful course for the Teachers Certificate of the Amateur Swimming Association was organised. The new plunge at the Smithills School is widely used by the three schools, and many schools hold classes there in the evening.

THE WORK OF THE CHILD GUIDANCE CENTRE

Mrs. M. A. Spencer, the Educational Psychologist at the Child Guidance Centre, reports:

"The year was marked by a considerable deterioration in the position as regards psychiatric services. At the beginning of the year Dr. Gage had a waiting list of 50 children, and the rate of referral was higher than the rate of diagnosis. When Dr. Gage left us in September, 60 children remained referred but unseen by him.

The psychiatrist saw twenty children for first diagnostic session during the year.

School Psychological Service:

Two hundred and twenty-one children were seen by the school psychologist individually. The largest number of referrals again came from the head teachers, the most common cause of referral being failure to make progress in school. In addition to the 150 children referred for this reason, 61 were referred for behaviour disorders. After the diagnostic session, sixty-three children were recommended for special day schools or classes and fifteen for various residential schools. Twenty-two children were admitted to therapy groups in the clinic.

The remedial teaching service this year has been one of consolidation. Once again, all children in primary schools in the 7 to 8 year age group and the 11-plus age group were tested as part of the annual reading survey. Of the 7 to 8 year age group, 115 children were considered to be in need of remedial teaching; 25 children were given places in remedial classes, and a number of others given special help within their own schools. There is a part-time remedial teacher within each secondary modern school, with the exception of Hayward secondary modern school where there are two special classes within the school.

The Special Observation Class discharged seven children during the year, two being deemed ineducable and transferred to the Training Centre, one returned to an ordinary school and four went to special schools. The class now has its full complement of ten children.

The clinic has produced two further copies of the Remedial Teaching Bulletin, and a book supplement."

HANDICAPPED PUPILS

One of the most important duties of the School Health Service is to advise the authority on the ascertainment of handicapped pupils. These are pupils who, because of some physical or mental disability, require special educational treatment if they are to obtain the maximum possible advantage from education. Correct ascertainment and placement is of considerable importance to individual pupils.

As far as possible, children are retained in ordinary schools unless their handicap is so severe that this would not give the child the best possible education.

The examination of children who are ascertained as educationally sub-normal is carried out by medical officers who have attended a prescribed course in this work and have fulfilled regulations laid down in The Medical Examination (Sub-normal Children) Regulations 1959. At the beginning of the year one full-time medical officer and two part-time medical officers, having fulfilled the requirements of the regulations, were able to undertake this work. During the course of the year the full-time officer was granted a year's leave of absence and was not, therefore, able to undertake this work during the latter part of the year. Another full-time officer attended a qualifying course during the Autumn of 1963 and was therefore able to commence ascertainment of educationally sub-normal children in the early part of 1964.

Ascertainment in 1963:

The following children were ascertained as in need of special educational treatment as handicapped pupils during the year:

Blind	..	..	..	..	..	..	—
Partially Sighted	..	..	..	..	..	..	2
Deaf	..	..	..	..	..	..	—
Partially Hearing	..	..	..	..	..	..	7
Educationally Sub-normal	..	..	..	..	..	..	43
Epileptic	..	..	..	..	..	..	1
Maladjusted	..	..	..	..	..	..	8
Physically Handicapped	..	..	..	..	..	..	4
Pupils suffering from Speech Defects	..	..	..	..	..	..	65
Delicate	..	..	..	..	..	..	40
							—
TOTAL..	..	..	..	..	..	..	170

Children in Special Schools:

At the end of the year there were 370 handicapped pupils receiving special educational treatment in special schools. Details are given in the following table:

HANDICAP	SPECIAL SCHOOLS	NO. OF PUPILS	
		BOARDERS	DAY
BLIND	Henshaw's Institute for the Blind, Manchester	1	—
	Chorleywood College, Herts.	1	—
	Liverpool School for the Blind	1	—
	Condover Hall, Shrewsbury	1	—
PARTIALLY SIGHTED	St. Vincent's, Liverpool	2	—
	Corporation Park School, Blackburn	—	12
	Exhall Grange, Coventry	1	—
DEAF	Thomasson Memorial School, Bolton	—	14
	Mary Hare Grammar School, Newbury	1	—
PARTIALLY HEARING	Thomasson Memorial School, Bolton	4	12
DELICATE	Lostock Open Air School	87	—
PHYSICALLY HANDICAPPED	Birtenshaw Hall School, Bromley Cross	—	9
	St. Rose's School, Stroud, Glos.	1	—
	Bleasdale House School, Silverdale	1	—
	Children's Convalescent Home, West Kirby	2	—
	The Thomas Delarue, Tonbridge	1	—
EDUCATIONALLY SUB-NORMAL	Woodside School, Bolton	—	192
	Stone Cross, Ulverston	1	—
	Crowthorn, Edgworth	1	—
	Thingwall School, Liverpool	1	—
	Clubmoor Special School, Liverpool	—	1
	Eden Grove, Appleby	1	—
	Thornbury House, Bristol	1	—
MALADJUSTED	Wennington School, Wetherby, Yorks.	1	—
	Blue Coat School, Liverpool	1	—
	St. Thomas More's School, Devon	5	—
	Drayton Manor	1	—
	St. Laurence's, St. Leonards-on-Sea	1	—
	Dunsterville, Rochdale	1	—
	Breckenbrough, Thirsk	1	—
	Chaigeley, Thelwall	1	—
	Toddington Grange, Glos.	3	—
EPILEPTIC	Colthurst House School, Alderley Edge	1	—
	Soss Moss School, Chelford	3	—
	St. Elizabeth's School, Much Hadham	2	—
TOTALS		130	240
TOTAL		370	

Children awaiting placement in Special Schools:

The following pupils were ascertained as in need of special educational treatment, but at the end of the year arrangements for accommodation had not been completed:

Physically Handicapped	..	..	..	..	3
Educationally Sub-normal	..	..	..	..	1
Epileptic	..	..	..	..	1
Maladjusted	..	..	..	..	11
Delicate	..	..	..	..	8
Speech defect	..	..	..	..	1
TOTAL					25

Total number receiving or needing special school accommodation .. 395

Special Schools in Bolton:

WOODSIDE DAY SPECIAL SCHOOLS FOR EDUCATIONALLY SUB-NORMAL CHILDREN:

The numbers of children on the rolls, and those admitted and discharged, were as follows:

WOODSIDE SENIOR SCHOOL:

From the Bolton Area:	BOYS	GIRLS
No. of children on the roll, December, 1963 ..	61	42
No. of children admitted during 1963	22	19
No. of children who left during 1963	20	11
From Outside Areas:		
No. of children on the roll, December, 1963 ..	3	6
No. of children admitted during 1963	2	3
No. of children who left during 1963	4	1

WOODSIDE JUNIOR SCHOOL

From the Bolton Area:		
No. of children on the roll, December, 1963 ..	55	34
No. of children admitted during 1963	24	13
No. of children who left during 1963	23	16
From Outside Areas:		
No. of children on the roll, December, 1963 ..	2	—
No. of children admitted during 1963	—	—
No. of children who left during 1963	2	3

One of the medical officers who is approved for the purposes of ascertaining educationally sub-normal children attends these schools regularly.

Children leaving Woodside Senior School at the age of 16 years who are thought to require further supervision are reported informally to the local health authority.

THOMASSON MEMORIAL DAY AND RESIDENTIAL SPECIAL SCHOOL FOR DEAF AND PARTIALLY HEARING CHILDREN

Pupils were admitted from our own and other authorities' areas. With a few exceptions the children who lived in Bolton or nearby attended as day scholars; the remainder were resident.

The Consultant Aural Surgeon pays regular visits to the school. A school medical officer also paid regular visits.

The numbers of children were:

From the Bolton Area:		BOYS	GIRLS
No. of children on the roll, December, 1963 ..		18	12
No. of children admitted during 1963		3	—
No. of children who left during 1963		1	—
From Outside Areas:			
No. of children on the roll, December, 1963 ..		55	30
No. of children admitted during 1963		7	5
No. of children who left during 1963		5	5

LOSTOCK RESIDENTIAL OPEN AIR SCHOOL FOR DELICATE CHILDREN:

The open air school continued on the same lines as in previous years. During 1963, 118 children in the school were from the Bolton area and 55 from outside areas, principally Lancashire County. This compared with 116 children from Bolton and 61 from outside areas in 1962.

The school continues to be useful for children suffering from a variety of conditions and, apart from general debility, asthma is the principal single entity concerned.

A school medical officer visits the school each week, and the children are cared for by a local general practitioner when they are ill.

The following table gives details of the number of children in attendance, admitted and discharged during the year.

From the Bolton Area:		BOYS	GIRLS
No. of children on the roll, December, 1963 ..		46	41
No. of children admitted during 1963		26	17
No. of children discharged during 1963		14	17
From Outside Areas:			
No. of children on the roll, December, 1963 ..		24	5
No. of children admitted during 1963		10	4
No. of children who left during 1963		20	6

An analysis of the medical conditions of the children who were in residence during the year is given below:

MEDICAL CONDITION	NO. OF CHILDREN	
	BOLTON	OUTSIDE AREAS
Asthma	32	27
Bronchitis	25	6
Bronchiectasis	2	6
Poor nutritional status	5	4
General debility	39	6
Other conditions	15	6
	—	—
	118	55
	—	—

Children in other Special Schools:

A number of Bolton children who are handicapped and who cannot be suitably educated in the special schools provided in Bolton attend residential schools in other parts of the country. These children are examined by the authority's medical officers during the school holidays when they return to Bolton so that progress can be assessed, and if there is any change in the child's disability an appropriate recommendation can be made.

Children suffering from Cerebral Palsy :

As far as possible, spastic children whose physical disability is slight and whose intelligence level is adequate are encouraged to attend an ordinary school. The majority of spastic children from Bolton whose physical disability makes them unfit for ordinary school attend Birtenshaw Hall Special School for Spastic Children. The admission and discharge of these children is the responsibility of the Medical Advisory Panel, which meets from time to time to consider applications.

Altogether there were thirty-six children known to the School Health Service to be suffering from cerebral palsy. The situation at the end of the year was as follows:

	BOYS	GIRLS
Attending Birtenshaw Hall Special School ..	3	6
Awaiting admission to Birtenshaw Hall Special School	1	-
Attending special school for partially sighted children	1	-
Attending special school for educationally sub-normal children	1	1
Attending residential grammar school	-	1
Attending grammar school	-	1
Attending Centre for Further Education.. ..	-	1
Attending ordinary schools	7	3
Not at school—pre-school children	8	2
TOTALS	21	15

Children unable to attend school because of Physical Disabilities:

The service of home teachers was needed for 24 children. The conditions necessitating this service were as follows:

	BOYS	GIRLS
Rheumatic disease	2	1
Epidermolysis bullosa	1	-
Congenital abnormalities	2	3
Heart conditions	-	3
Epilepsy	1	-
Perthe's disease	1	-
Muscular dystrophy	1	2
Convalescence	1	-
Maladjustment	-	2
Other conditions	1	3
TOTALS	10	14

Five boys and nine girls who had suffered from the conditions mentioned below were taken off the peripatetic teachers' list.

RESUMED ATTENDANCE AT ORDINARY SCHOOL:						BOYS	GIRLS
Rheumatic diseases	..	..	..	..	..	2	1
Heart condition	..	..	..	..	..	-	1
Muscular dystrophy	..	..	..	..	..	1	1
Convalescence	..	..	..	..	..	1	-
Other conditions	..	..	..	..	..	-	2
RESUMED ATTENDANCE AT SPECIAL SCHOOL:							
Maladjustment	..	..	..	..	..	-	1
OVER SCHOOL AGE:							
Maladjustment	..	..	..	..	..	-	1
LEFT THE TOWN:							
Muscular dystrophy	..	..	..	..	..	-	1
Epidermolysis bullosa	..	..	..	..	..	1	-
ADMITTED TO SPECIAL SCHOOL:							
Congenital abnormality	..	..	..	..	..	-	1
TOTALS						5	9

Co-operation with the Youth Employment Service:

Handicapped pupils may encounter difficulties in obtaining or keeping employment after they leave school and to assist the Youth Employment Officers in placing these children school medical officers provide advice on Forms Y.9 or Y.10 which are sent to the Youth Employment Officer.

FORM Y.9

This form was completed in respect of fifty children and was used for children who had relatively minor defects and who were not likely to need registration under the Disabled Persons (Employment) Act, 1944. The conditions for which the form was used are given in the following table:

						BOYS	GIRLS
Defective colour vision	..	..	..	..	..	34	1
Defective hearing	..	..	..	..	..	4	1
Epilepsy	..	..	..	..	..	-	3
Heart condition	..	..	..	..	..	4	1
Heart condition and defective hearing	..	..	..	..	..	-	1
Cerebral palsy	..	..	..	..	..	1	-
TOTALS						43	7

FORM Y.10

This form is used where children are sufficiently severely handicapped to make a registration under the Disabled Persons (Employment) Act, 1944, a possibility. In 1963 this form was issued in respect of six children, compared with eleven in 1962. The six children were, however, attending a day special school.

This form is not completed unless the parent is willing to sign a declaration stating that the nature of the disability may be revealed to the Youth Employment Officer. Generally speaking, it is to the advantage of the child that the handicap should be declared at this stage as failure to do so may lead to unsuitable employment and, eventually, to unemployment.

Leavers from—	Form Y.9 completed for—			Form Y.10 completed for—		
	Boys	Girls	Total	Boys	Girls	Total
Secondary Modern Schools ..	34	3	37	—	—	—
Art School	—	—	—	—	—	—
Technical Schools	5	—	5	—	—	—
Grammar Schools	1	—	1	—	—	—
Special Schools	3	2	5	2	4	6
Residential Schools	—	2	2	—	—	—
TOTALS	43	7	50	2	4	6

Speech Therapy:

Mrs. B. P. Pannell, the Speech Therapist, reports:

“Speech therapy was provided at the Robert Galloway Clinic from January to May, 1963 with one full-time and one part-time therapist, both of whom resigned their posts in May. Consequently, the speech therapy department was closed until September, 1963.

Most of the children seen weekly between September and December were those already having had some treatment from the previous therapists, and therefore little progress has been made in reducing the long waiting list which still contains children referred as long ago as 1961 and 1962. It has been found, however, that some children referred as long ago as this with only slight defects have, in the meantime, shown some spontaneous improvement, and these are being examined and discharged as quickly as possible.

Because of the large number of children from normal schools requiring treatment at the main speech therapy clinic it has proved impossible, at present, to provide speech therapy at either Woodside School or the Observation Class, with only one full-time speech therapist in employment. This is a most regrettable situation since speech therapy is of great value to speech defective educationally sub-normal children.

As usual, children have been referred by head teachers, school medical officers, consultants, etc.

Dr. James Carroll, School Medical Officer, has attended the clinic regularly, and I have been greatly helped by his co-operation.”

JANUARY TO MAY, 1963

Number of children attending weekly	83
Number discharged	41

	Speech Defect				Total
	Dyslalia	Stammer	Physical Handicaps	Voice Disorders	
Number attending weekly	24	14	2	—	40
Number on supervision	14	4	8	3	29
Number of new cases interviewed	13	2	—	—	15
Number of new cases admitted . .	11	2	—	—	13
Number of cases discharged	—	—	—	—	—
Number on present waiting list . .	66	19	18	—	103

Number of children referred to Child Guidance Clinic 2

Number of children referred to Consultants 1

Number of children on waiting list at Woodside E.S.N. School—

 Juniors 40

 Seniors 14

Lip-Reading Classes:

One Lip-Reading Class was held each week at the Education Sub-Office, Mawdsley Street. One qualified teacher of the deaf was in charge of the Centre and nine partially hearing children attended. These children were ascertained as partially hearing and needing special educational treatment.

EXAMINATIONS UNDER SECTIONS 34 AND 57 OF THE EDUCATION ACT, 1944

Approved medical officers of the authority carried out examinations under the above sections of the Education Act, 1944, of children who were not making satisfactory progress at school. In forty-three cases it was recommended that the children be ascertained as educationally sub-normal and that special educational treatment should be provided. In ten cases the children were found to be unsuitable for education at school.

Three parents exercised the right of appealing to the Minister of Education in respect of children ascertained under Section 57. In one case the appeal was allowed and arrangements were made for the child to attend a residential special school. In the other two cases the appeal was not allowed and the authority's decision was upheld.

ADDITIONAL REPORTS

Physiotherapy:

ULTRA-VIOLET LIGHT TREATMENT:

Ultra-violet light treatment was continued at the Health Department throughout the year. The number of children attending in 1963 was 81, compared with 126 in 1962.

The conditions for which medical officers recommended children for treatment are shown in the following table:

Nasal catarrh	..	..	..	..	..	15
Frequent colds	..	..	..	..	..	16
Bronchial catarrh	..	..	..	..	..	3
Recurrent bronchitis	..	..	..	..	..	9
General debility	..	..	..	..	..	7
Frequent coughs	..	..	..	..	..	11
General conditions	..	..	..	..	..	20
						—
						81
						—
TOTAL	..	..	..	..	..	—

The treatment was given by a qualified physiotherapist.

BREATHING EXERCISES:

The physiotherapist in the Health Department undertook the treatment of eight boys and seven girls recommended by school medical officers for breathing exercises.

She attended twice a week at Lostock Open Air School to give ultra-violet light treatment, and she also attended once a term to instruct the children in breathing exercises and arrange the postural drainage and percussion treatment of the children with bronchiectasis.

Twenty-two children—seven boys and fifteen girls—were recommended by the school medical officers for physiotherapy for the following conditions:

					BOYS	GIRLS
Genu valgum	..	..	..	..	1	2
Flat feet	..	..	..	..	5	4
Valgus feet	..	..	..	..	1	—
Posture	..	..	..	..	—	8
Sprain L. wrist	..	..	..	..	—	1
					—	—
TOTALS	..	..	..	..	7	15
					—	—

Mortality in School Children:

Fifteen children of school age died during the year, compared with ten in 1962 and fourteen in 1961.

Of the fifteen deaths, seven were due to natural causes and eight were due to accidents. Two children died from drowning, two as a result of burning accidents at home and one as a result of a road accident.

Health Education:

CIGARETTE SMOKING AND LUNG CANCER:

The efforts which began during 1960 to make children in the secondary schools aware of the association between cigarette smoking and lung cancer were continued during 1963. Leaflets are distributed to the parents of all children reaching secondary school age, setting out the facts in a brief form, and fresh supplies of posters are distributed to the schools from time to time. Occasional meetings are held with representatives of the teachers, and these meetings are extremely useful in dealing with this and other health education topics.

INVESTIGATION INTO SMOKING HABITS:

A small investigation was undertaken among adults and school children to ascertain their knowledge of the ill-effects of smoking and the effectiveness of the health education campaign. The 190 adults interviewed were selected at random from the electoral roll and the 166 school children similarly from the school medical record cards. Health visitors interviewed the adults and head teachers or their representatives, the school children. Among other questions, all were asked the following:

“Do you think smoking can affect people’s health in any way?”

“If ‘Yes’, in what way?”—(Without prompting).

It should be noted that in the second question they were not prompted nor were they specifically asked about the association between lung cancer and smoking. Therefore, the answers under-estimate those who were aware of this association.

Adults:

	Number who considered smoking can affect health	Number who gave cancer as one of the ways it could do so
Of 104 Smokers	83 (80%)	15
Of 86 Non-smokers	77	25
Totals: 190	160 (84%)	40 (22%)

Children:

Of 27 Smokers.. .. .	23	20
Of 139 Non-smokers	128	96
Totals 166	151 (88%)	116 (68%)

It will be noted that 80 per cent of the adult smokers considered smoking could affect health and from the answers given to the second question, by “affecting health” they meant adversely.

Of the 11 adult smokers who were smoking less than a year ago, 8 gave expense as one of the reasons and none gave fear of cancer. Of 18 non-smokers who had at one time smoked, 4 had discontinued because of expense and 1 because of fear of cancer.

With regard to the children, as the questionnaire was completed by head teachers or their representatives, it is likely that the number of non-smokers is a considerable over-estimate. However, the important point is that of the total of 166 children, 116 (68%), and 20 of the 27 smokers stated they were aware of the association between smoking and lung cancer.

Both adults and children know of the bad effects of smoking yet continue to smoke.

It would seem that it is not enough simply to give information on the association between cigarette smoking and lung cancer as many of those who know continue to smoke. What more can be done is, unfortunately, not clear.

I am very grateful for the help given by head teachers and health visitors in this investigation.

THE CARE OF CHILDREN ATTENDING NURSERY SCHOOLS, NURSERY CLASSES AND SPECIAL SCHOOLS

Nursery Schools:

School medical officers visited nursery schools and classes throughout the year and the school nurse made monthly visits to the nursery schools.

The following are the relevant statistics:

KAY STREET NURSERY SCHOOL:

No. of children on the roll, December, 1963	..	..	84
No. of children admitted during 1963	..	..	53
No. of children transferred to primary schools	..	..	45
No. of children removed by parents	..	..	10

PIKES LANE NURSERY SCHOOL:

No. of children on the roll, December, 1963	..	..	96
No. of children admitted during 1963	..	..	53
No. of children transferred to primary schools	..	..	48
No. of children removed by parents	..	..	5

Nursery Classes:

Medical examinations were carried out at the 31 nursery classes at which 906 children were in attendance.

Special Schools:

Monthly visits were paid by school medical officers to Woodside School, and weekly visits to Lostock Open Air School. The Consultant Aural Surgeon visits Thomasson Memorial School periodically throughout the year.

Results of Periodic Medical Inspection at Special Schools:

Defect or Disease	Special Schools			
	WOODSIDE (E.S.N.)		THOMASSON MEMORIAL (Deaf & Partially Hearing)	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
SKIN	6	1	1	—
EYES:				
Defective vision	45	32	23	14
Squint	7	3	11	2
Other	1	3	1	1
EARS:				
Defective hearing	6	14	1	117
Otitis media	1	7	—	7
Other	—	—	—	—
NOSE AND THROAT:				
Nasal catarrh	—	9	—	7
Tonsil and adenoid abnormalities ..	7	21	9	4
SPEECH ABNORMALITIES	10	11	—	105
LYMPHATIC GLANDS	—	9	—	—
HEART	1	4	1	1
LUNGS	3	3	7	2
DEVELOPMENTAL:				
Hernia	—	1	—	—
Other	10	6	1	2
ORTHOPAEDIC:				
Posture	2	6	1	2
Flat Feet	2	5	2	3
Other	3	6	3	2
NERVOUS SYSTEM:				
Epilepsy	4	1	1	1
Other	—	—	—	2
PSYCHOLOGICAL:				
Development	—	187	—	3
Stability	6	18	—	2
OTHER DEFECTS OR DISEASES	8	4	4	—
TOTALS	122	351	66	277

EMPLOYMENT OF CHILDREN

Four hundred and ninety-three children were examined for employment outside school hours, including two children who applied for Juvenile Performers' Licences under the Employment of Children in Entertainment Rules. The type of employment was as follows:

	No. of CHILDREN
Newspaper delivery	478
Shop or Store Assistants	7
Milk Delivery	2
Grocers' Assistants	2
Butchers' Assistants	2
Entertainments	2
	<hr/>
TOTAL	493
	<hr/>

All the children were passed as being medically fit for employment.

MEDICAL INSPECTION OF PUPILS ATTENDING DIRECT GRANT AND INDEPENDENT GRAMMAR SCHOOLS

School medical officers carry out routine medical inspection of pupils attending one direct grant grammar school and one independent grammar school in the borough. The following table shows the number of pupils inspected and the number found to require treatment.

Age Groups Inspected (by year of birth)	Number of pupils inspected	Pupils found to require treatment		Total individual pupils with defects
		for defective vision (excluding squint)	for other conditions	
1958 and later	7	—	2	2
1957	7	—	—	—
1956	—	—	—	—
1955	—	—	—	—
1954	—	—	—	—
1953	—	—	—	—
1952	—	—	—	—
1951	18	8	1	8
1950	11	1	—	1
1949	1	—	—	—
1948 and earlier	101	35	10	43
TOTALS ..	145	44	13	54



THE
HEALTH OF BOLTON

1963

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

COUNTY BOROUGH OF BOLTON



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR ENDED

31st December, 1963

A. I. ROSS, M.D., D.P.H.,

MEDICAL OFFICER OF HEALTH

HEALTH DEPARTMENT, CIVIC CENTRE, BOLTON

Telephone No. 22311

HEALTH COMMITTEE, 1963-64

The Mayor (Alderman T. Connor, J.P.)

Chairman: Alderman J. A. Childs

Vice-Chairman: Councillor W. Glynn

Alderman Mrs. E. A. Ashmore, J.P.

Alderman Mrs. N. Vickers

Alderman J. Vickers, J.P.

Alderman W. Walsh

Councillor J. Bullough

Councillor A. E. Clarke

Councillor S. Crook

Councillor J. A. Foster

Councillor Dr. F. T. F. Keogh, J.P.

Councillor P. B. Kirk

Councillor H. Love

Councillor Dr. J. R. Monks, G.M., J.P.

Councillor J. Rigby

Councillor Mrs. A. M. Sherry

Councillor J. Wilson

Co-opted Members:

Dr. B. Thornley

Mr. W. Crumblehulme

Mr. A. G. W. Smith

Sub-Committees

Personal Services

Baths and Ambulance

Insanitary Areas and Premises

Provision of Dustbins

Appointment of Staff

Smoke Control Areas - Financial Assistance

National Assistance Act, 1948 (Section 47)

Slum Clearance

Appointment of School Medical and Dental Staff

Compensation for Trade Disturbance

INTRODUCTION

An important event in 1963 was when Alderman Thomas Connor, J.P., the Mayor of Bolton, opened Greenmount House, the fifty-place specially built hostel for mentally disturbed old people. The number of old folk in Bolton is likely to increase by about 2,000 in the next ten years. Accommodation in hospital and hostels is already very difficult to obtain and this new hostel will certainly help considerably. At the end of the year the indications were that the hostel would be full very soon and that it would work smoothly and efficiently.

Bolton's population has now fallen to under 160,000, approximately the same as it was in the late 1890's, compared with the highest figure of 185,247 in 1914.

The infant mortality rate was 32.6 per 1,000 – a very high figure and the highest since 1951. The main cause of this high death rate was that more babies died from bronchopneumonia after four weeks of age, many of the babies dying after a short illness. Comment is made later in the Report.

Lung cancer deaths – 90 – although not quite as high as last year, are very substantial. The overwhelming evidence of the association between cigarette smoking and lung cancer has been reinforced by the report to the U.S.A. Surgeon General on Smoking and Health, and the recently published findings of the investigation by Dr. Richard Doll and Sir Austin Bradford Hill into the mortality in relation to smoking of British doctors. They showed that the annual death rate from cancer of the lung rose from 0.07 per 1,000 in men who are non-smokers, to 3.15 per 1,000 in men smoking thirty-five or more cigarettes daily, and that there was no smoking threshold which must be reached before the death rate from cancer of the lung shows a response. In those who had given up smoking, the death rate fell substantially. Many doctors have given up smoking. While the death rate from cancer of the lung in all men aged twenty-five and over increased by 22 per cent between 1952 and 1961 in England and Wales, in doctors it declined by 7 per cent. A small investigation undertaken in Bolton during the year showed that most adults and children know of the bad effects of smoking yet many continue to smoke. The problem would seem to be not to make those who smoke aware of the association between smoking and lung cancer and other diseases, but to persuade them to act on this knowledge. Medical practitioners have reduced their smoking and are already benefiting. A further helpful step would be for those who are associated with children to stop smoking cigarettes.

Child welfare attendances were lower than those of the year before. Some of this is due to a number of general practitioners themselves running child advisory sessions in their surgeries but another possible reason is the unsatisfactory nature of many of the buildings in which the clinics are held. No new clinic has been built in Bolton since before the war and practising immunisation, health education and instruction in mothercraft in church halls cannot be regarded as satisfactory. Unfortunately, a plan to establish a clinic in the Lever Edge Lane area was again delayed.

Towards the end of the year, a Ministry of Health circular on the maternity services drew attention to the continuing rise in the number of births and to the strain this is likely to put on the maternity services in the first two quarters of 1964. It emphasised that the solution to the problems raised can only be found locally. Although the number of births in Bolton itself has not increased this year – in fact it is slightly less – undoubtedly there is very great pressure on the beds at the maternity hospital and it seems likely that it will be necessary for a limited number of selected patients to be discharged forty-eight hours after delivery. This is working satisfactorily in other towns and would undoubtedly help the hospital service here.

A decision on whether or not to recommend the fluoridation of Bolton's water supply was delayed pending the outcome of the Watford case. The amount of fluoride contained in the water we drink in Bolton is almost negligible and from the medical and dental point of view it is most advisable that an appropriate amount of fluoride should be added as soon as practicable. Meanwhile, much unnecessary tooth decay in young people continues.

It is most pleasing to record the substantial reduction in the number of patients carried and miles travelled by the Ambulance Service. Much of this is undoubtedly due to the painstaking work of the supervisory staff.

In the section on tuberculosis, comment is made on the relatively large number of cases of tuberculosis among Pakistanis and Indians living in the town. Tuberculosis is very much more prevalent in some parts of Asia than in this country and from the findings in other towns in England it would seem that many immigrants have been infected with tuberculosis before arrival in this country. Much the most satisfactory method of coping with this problem is for immigrants to be X-rayed either before they enter this country or immediately on entry. Many move from place to place shortly after arrival in the United Kingdom and maintaining contact and X-raying them under present arrangements is excessively difficult.

The Clean Air programme in Bolton has so far been successful in reducing substantially the amount of solid pollution, i.e. smoke – from 289 micrograms per cubic metre of air in 1958 to 181 micrograms per cubic metre of air in 1963 – and to some extent, reducing pollution by sulphur dioxide – from 262 to 236 micrograms per cubic metre of air in the same years. At the end of the year 12,476 premises out of 57,000 were included in Smoke Control areas. Towards the end of the year, unfortunately, there was some difficulty in maintaining the impetus in our Smoke Control programme. Some batches of unsatisfactory coke which produced splintering when burning caused complaint and there was also difficulty about the supply of soft coke for further smoke control areas. It must, however, be made quite clear that according to a Ministry of Housing and Local Government letter of October, 1963, there will be enough soft coke for use in areas already subject to smoke control and that there will be enough hard coke, gas, electricity and oil for use in future areas. Hard coke when burnt on approved under-floor draught appliances, or closed stoves, is entirely satisfactory for domestic heating. In view of some criticisms which have been made of the smoke control programme and indeed of the need for cleaning the atmosphere, it seems advisable to discuss once again the need for clean air in a town like Bolton. As stated by the Committee on Air Pollution in its report published in 1954, Bolton is one of the black areas from the point of view of air

pollution. This Committee under the Chairmanship of Sir Hugh Beaver studied exhaustively the need for clean air. In dealing with the effect of air pollution on health the Committee stated - "... enough is known to make it abundantly clear that it is injurious to both physical and mental health. It fosters disease and can cause death." The Report went on to point out that the death rate from bronchitis in England and Wales was almost fifty times that of Denmark. It stated - "Not all of the excess can necessarily be attributed to air pollution since other factors, for example, climate or housing conditions play a part, but in general it is the industrial towns liable to heavy pollution that have the highest death rates." In its conclusion when dealing with the costs of air pollution, the Committee stated - "On the estimates we have given we consider that air pollution is costing as much as £250 million a year direct cost and loss of efficiency. This total is equivalent to £10 per head of population in the black areas and to £5 per head of population throughout Great Britain. It excludes a loss of between £25 million and £50 million a year from the imperfect combustion of coal which itself causes much of the pollution." We have been very successful in Bolton in dealing with industrial atmospheric pollution. The domestic programme is, unfortunately, only partially complete. As Sir Keith Joseph, Minister of Housing and Local Government stated in his address to the European Conference on Air Pollution in Strasbourg - "The domestic chimney was responsible for three quarters of Britain's smoke". The way ahead for Bolton must surely be clear. Must we continue to suffer from this filthy atmosphere?

The establishment of new industries in buildings near dwelling houses has given problems of noise, dust and smell. Careful and intensive work has been required in some of these cases to find a solution. It is important that with the change from one industry to another the inhabitants of Bolton should not suffer from unnecessary nuisance.

The work of the Borough Analyst has been substantially increased by the extension of the Bolton water undertaking and additional staff had to be obtained.

My sincere thanks are due to the staff of the Health Department for their exceedingly good work, to the chief officers of the Corporation for their assistance, and to the Chairman and members of the Health Committee for their helpfulness and continuing support of the work of the department during the year.

A. Ross.

Medical Officer of Health

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PRINCIPAL STAFF OF THE HEALTH DEPARTMENT

at 31st December, 1963

MEDICAL STAFF

Medical Officer of Health	A. I. Ross, M.D., D.P.H.
Deputy Medical Officer of Health ..	I. S. Macdonald, M.D., D.P.H., D.(Obst.) R.C.O.G.
Assistant Medical Officers of Health and School Medical Officers ..	Mavis J. Allanson, M.B., Ch.B., D.(Obst.) R.C.O.G. (Part-time)
	J. T. Carroll, M.B., B.Ch., L.M., D.(Obst.) R.C.O.G., F.R.C.S.
	Catherine O. L. Holt, M.B., Ch.B., D.(Obst.) R.C.O.G.
	Eve M. Mawdsley, M.B., Ch.B., D.C.H.
	Sylvia J. A. Raymond, M.B., Ch.B., D.C.H.
	Audrey Seddon, M.B., Ch.B., D.(Obst.) R.C.O.G. (Part-time)

NURSING STAFF

Superintendent Nursing Officer ..	Miss E. M. Richardson, S.R.N., S.C.M., H.V. and Q.N. Certs., D.N., (Lond.)
Deputy Superintendent Health Visitor	Miss A. M. Fraser, S.R.N., S.C.M., H.V.Cert.

HOME NURSING

Superintendent	Miss C. M. Ratcliffe, S.R.N., S.C.M., H.V.Cert.
Deputy Superintendent	Mrs. E. Wilson, S.R.N. (Resigned 22.5.63) Miss M. Graham, S.R.N., S.C.M., H.V. and Q.N. Certs. (Commenced 18.8.63)

MIDWIFERY

Non-Medical Supervisor	Miss C. M. Ratcliffe, S.R.N., S.C.M., H.V.Cert.
--------------------------------	---

DAY NURSERIES

Supervisor	Miss L. W. Booth, R.S.C.N., S.C.M., H.V.Cert.
--------------------	---

PUBLIC HEALTH INSPECTORS

Chief Public Health Inspector	T. Williams, F.R.S.H., M.R.Inst.P.H.H., M.A.P.H.I.
Deputy Chief Public Health Inspector	N. Ryce, M.R.S.H., M.A.P.H.I.

CLERICAL STAFF

Chief Administrative Assistant ..	W. Greenhalgh
Administrative Assistant	W. W. Markland

MENTAL HEALTH SERVICE

Chief Mental Health Officer	.. ..	R. A. Johnson, M.S.M.W.O.
Supervisor—Junior Training Centre		Miss E. Dobbin, Dip.N.A.M.H.
Supervisor—Adult Training Centre	..	L. Lofthouse, R.N.M.D. (Resigned 1.2.63)
		Mrs. J. Addison (Commenced 19.4.63 – Died 31.8.63)
Superintendent – Greenmount House		P. J. Carroll, S.R.N., R.M.N. (Commenced 1.10.63)
Matron		Mrs. A. Carroll, S.R.N., R.M.N. (Commenced 1.10.63)

HOME HELP SERVICE

Home Help Organiser	Miss O. Brindle
-----------------------------	-----------------

AMBULANCE SERVICE

Superintendent	T. R. Walton, F.I.A.O.
------------------------	------------------------

ANALYST

Borough Analyst	G. J. Holland, B.Sc., F.R.I.C., P.A.I.W.E.
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BATHS AND WASHHOUSES

Superintendent	A. Markham, M.N.A.B.S.										
Managers	<table style="display: inline-table; vertical-align: middle;"> <tr> <td>Bridgeman Street Baths</td><td rowspan="2">} A. Markham</td></tr> <tr> <td>High Street Baths</td></tr> <tr> <td>Moss Street Baths & Washhouse..</td><td rowspan="2">} T. Taylor</td></tr> <tr> <td>Hennon Street Slipper Baths ..</td></tr> <tr> <td>Rothwell Street Washhouse.. ..</td><td>A. L. Duckworth</td></tr> <tr> <td>Turkish Baths ..</td><td>P. F. Casterton</td></tr> </table>	Bridgeman Street Baths	} A. Markham	High Street Baths	Moss Street Baths & Washhouse..	} T. Taylor	Hennon Street Slipper Baths ..	Rothwell Street Washhouse.. ..	A. L. Duckworth	Turkish Baths ..	P. F. Casterton
Bridgeman Street Baths	} A. Markham										
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Hennon Street Slipper Baths ..											
Rothwell Street Washhouse.. ..	A. L. Duckworth										
Turkish Baths ..	P. F. Casterton										

PART 1

STATISTICAL INFORMATION

Summary of Statistics

Births

Deaths

Deaths from Cancer

SUMMARY OF STATISTICS, 1963

COUNTY BOROUGH OF BOLTON

Position	... ..	Lat. 53° 35' N. Long. 2° 27' W.
Elevation above sea level	... ..	230 ft. to 1,450 ft.
Geological Formation	... ..	Boulder Clay and Sand over Coal Measures
Rainfall (Av. 1887-1963,)	... ..	44.305"
Area in Acres (Land and Inland Water)	... ..	15,279
Population (Census 1921)	... ..	178,683
„ (Census 1931)	... ..	177,250
„ (Census 1951)	... ..	167,162
„ (Census 1961)	... ..	160,740
„ (Estimated Civilian Population, 1963)	... ..	159,780
New permanent houses, including flats, certified	... ..	409
Existing buildings altered to provide dwelling accommodation	... ..	3
Estimated number of houses in the Borough	... ..	57,190
Rateable Value at 1st April, 1963	... ..	£5,316,581
Rate at 1d. in the £ estimated to produce (1963-64)	... ..	£20,750
Live Births	... ..	2,701
Live Birth rate per 1,000 population (Corrected)	... ..	18.25
Stillbirths	... ..	45
Stillbirth rate per 1,000 live and stillbirths	... ..	16.39
Total live and stillbirths	... ..	2,746
Infant Deaths	... ..	88
Infant mortality rate per 1,000 live births—total	... ..	32.58
Infant mortality rate per 1,000 live births—legitimate	... ..	32.49
Infant mortality rate per 1,000 live births—illegitimate	... ..	33.65
Neo-Natal mortality rate per 1,000 live births	... ..	19.62
Illegitimate live births per cent of total live births	... ..	7.70
Maternal deaths (including abortion)	... ..	1
Maternal mortality rate per 1,000 live and stillbirths	... ..	0.36
Deaths	... ..	2,227
*Death Rate (Corrected)	... ..	14.91
*Average Death Rate (1954-1963)	... ..	14.41
*Heart and Circulation Death Rate	... ..	6.88
*Cancer Death Rate	... ..	2.29
*Death Rate from diseases of the Respiratory System	... ..	2.06
*Pulmonary Tuberculosis Death Rate	... ..	0.05
Diarrhoea Death Rate (Deaths under two years per 1,000 live births)	... ..	1.48

ENGLAND AND WALES:

*Birth Rate	... ..	18.2
Stillbirth Rate (per 1,000 total births)	... ..	17.3
*Death Rate	... ..	12.2
Infant Mortality (Deaths under one year per 1,000 live births)	... ..	20.9

*Per thousand of population

VITAL STATISTICS

Births:

There were 2,701 live births to Bolton residents, 1,401 males and 1,300 females. The live birth rate (corrected) per 1,000 of the population was 18.3.

For the first time since 1959 the total number of births in Bolton showed a slight reduction. There were 2,701 live births in 1963, compared with 2,767 in 1962. The local crude birth rate was therefore slightly lower in 1963 than in 1962. It is, however, customary to apply a correction to the local crude birth rate to take account of the extent to which the sex and age distribution of the local population differs from the national distribution. This is necessary because in some areas which have a high proportion of elderly and retired people the crude birth rate will inevitably be low, while in the rapidly developing areas which attract younger adults, the crude birth rate will be high. It is only after correction that local birth rates can be compared with the national rate and with one another.

The area comparability factor which is used to make the necessary correction is based on the proportion of women between 15 and 44 years in the population, these being accepted as the limits of the child bearing period. The area comparability factor for some year prior to 1963 was based on the 1951 census, and for Bolton it was 1.00, but the factor for 1963 was based on the 1961 census, and for Bolton it was 1.08. This change has arisen because of a fairly substantial alteration in the age distribution of the population in Bolton, the proportion of women of child bearing age having declined from 21.4 per cent in 1951 to 18.7 per cent in 1961. Because of this, the corrected birth rate for Bolton is now higher than the crude rate, and although the actual number of births declined between 1962 and 1963, the corrected birth rate, taking account of the population changes, increased from 17.2 to 18.3 per thousand.

Of all the live births, 526 (approximately 19 per cent) occurred at home, and approximately 81 per cent in institutions – 1,294 in Bolton District General Hospital, 348 in Haslam Maternity Home, 199 in Havercroft Maternity Home and 289 in Heaton Maternity Home. The remaining births took place in institutions and homes outside Bolton.

There were 197 premature live births.

Stillbirths:

The number of stillbirths was 45, giving a stillbirth rate of 16.4 per 1,000 live and stillbirths.

The causes of the 45 stillbirths which occurred in Bolton in 1963 are given below.

Cause of Death	Number M & F
Chronic disease in mother – diabetes mellitus	1
Haemorrhage without mention of placental condition . .	4
Other toxæmias of pregnancy	1
Difficult labour with abnormality of organs or tissues of pelvis	3
Difficult labour without mention of underlying conditions	3
Cord condition without mention of placental abnormality .	3
Placenta praevia	1
Placenta praevia with cord abnormality	1
Placental infarct	1
Other abnormality of placenta and cord	4
Anencephalus	6
Hydrocephalus	1
Other and unspecified malformations	1
Erythroblastosis	3
Maceration, cause not specified	2
Other ill-defined cause	6
Cause unspecified	4
TOTAL . .	45

Total Live and Stillbirths:

The total live and stillbirths was 2,746.

Deaths:

There were 2,227 deaths (1,103 males and 1,124 females), giving a corrected death rate of 14.9 per 1,000 of the population.

A total of 728 persons whose usual place of residence was in the county borough died outside the borough; of these, 613 died either in the Bolton District General Hospital or in Townleys Annexe.

Non-residents who died in the area numbered 179.

Summary of the Principal Causes of Death, 1963

Cause of Death	No. of Deaths	Males	Fe- males	0-	1-	5-	15-	25-	35-	45-	55-	65-	75-
Tuberculosis, Respiratory	8	7	1	-	-	-	-	-	-	2	3	3	-
" Other	5	2	3	-	-	-	-	-	-	-	2	1	-
Syphilitic disease	2	1	1	-	-	-	-	-	-	1	-	1	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	5	2	3	2	-	-	-	1	1	-	-	1	-
Malignant Neoplasm:													
Stomach	72	45	27	-	-	-	-	-	-	8	15	28	21
Lung and Bronchus	90	79	11	-	-	-	-	-	-	12	36	27	11
Breast	31	1	30	-	-	-	-	-	1	4	10	8	8
Uterus	6	-	6	-	-	-	-	-	1	1	1	2	1
Other malignant and lymphatic neoplasms	167	91	76	-	-	1	-	2	5	16	43	45	55
Leukaemia and Aleukaemia	16	7	9	-	1	1	2	-	2	2	3	3	2
Diabetes	18	7	11	-	-	-	-	-	-	1	3	7	7
Vascular lesions of nervous system	305	127	178	-	1	-	-	-	3	12	42	82	165
Coronary disease, angina	407	238	169	-	-	-	-	1	13	25	107	125	136
Hypertension with heart disease	52	26	26	-	-	-	-	-	-	3	11	16	22
Other heart disease	230	64	166	-	-	-	-	3	8	13	22	47	137
Other circulatory disease	106	41	65	-	-	-	-	1	1	3	5	23	73
Influenza	14	8	6	-	-	-	1	-	1	1	5	1	6
Pneumonia	146	70	76	20	2	2	1	-	1	3	13	29	75
Bronchitis	152	105	47	-	-	1	1	-	1	10	33	60	47
Other diseases of respiratory system	17	11	6	-	-	-	-	-	-	1	6	4	4
Ulcer of stomach and duodenum	15	10	5	1	-	1	-	-	-	1	2	6	6
Gastritis, enteritis and diarrhoea	11	4	7	3	1	-	-	-	1	1	2	2	3
Nephritis and Nephrosis	15	6	9	-	-	1	1	-	1	-	6	1	4
Hyperplasia of Prostate	4	4	-	-	-	-	-	-	-	-	-	-	3
Pregnancy, childbirth and abortion	1	-	1	-	-	-	-	1	-	-	-	-	-
Congenital malformations	20	12	8	16	-	1	-	-	-	1	-	-	1
Other defined and ill-defined diseases	197	85	112	44	3	1	2	2	6	11	17	31	81
Motor vehicle accidents	25	15	10	-	1	2	5	3	2	4	3	3	5
All other accidents	76	24	52	1	2	6	2	-	5	4	9	12	35
Suicide	13	10	3	-	-	-	2	-	1	1	3	6	-
Homicide and Operations of War	1	1	-	-	-	-	-	-	-	-	-	1	-
TOTALS	2,227	1,103	1,124	88	10	16	17	15	58	136	402	577	908

Deaths from Puerperal Causes:

There was one death from puerperal causes during the year, giving a maternal mortality rate of 0.36 per 1,000 live and stillbirths.

Infant Mortality:

There were 88 deaths of infants under one year, giving an infant mortality rate of 32.6 per 1,000 live births. The infant mortality rate per 1,000 legitimate live births was 32.5 and illegitimate 33.7. The primary causes of death are shown in the following table.

Cause of Death	Age at Death					Total for each cause
	Under 4 weeks	4 weeks to 3 mths	3 to 6 months	6 to 9 months	9 to 12 months	
Prematurity	29	—	—	—	—	29
Congenital malformations	11	5	3	2	2	23
Pneumonia	2	4	8	4	2	20
Post-natal asphyxia and Atelectasis	4	—	—	—	—	4
Birth Injury	3	—	—	—	—	3
Other Causes	4	3	1	—	1	9
TOTALS	53	12	12	6	5	88

Deaths under Four Weeks:

There were 53 deaths of infants under four weeks, giving a neonatal mortality rate of 19.6 per 1,000 live births. The rate for England and Wales was 14.2.

The following table shows the ages at which death took place:

Cause of Death	0-7 days	8-14 days	15-21 days	22-28 days	Total
Prematurity	27	2	—	—	29
Congenital Malformations	9	1	—	1	11
Pneumonia	—	—	—	2	2
Post-natal Asphyxia and Atelectasis	3	1	—	—	4
Birth Injury	3	—	—	—	3
Other Causes	2	1	1	—	4
TOTALS	44	5	1	3	53

Eight of these babies were under 2½ lbs. in weight at birth.

Perinatal Mortality:

The perinatal mortality rate is the number of stillbirths added to the number of infant deaths during the first week of life, expressed as a rate per thousand of total births, both live and still. In 1963 the perinatal mortality rate in Bolton was 32.4 per 1,000 total births.

The following table shows the infant mortality rate, neonatal mortality rate, stillbirth rate, perinatal death rate and the death rate of infants aged one week but under one year, for the last ten years.

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Infant Mortality Rate ..	28.5	25.7	23.9	25.6	27.4	29.0	27.0	19.4	24.2	32.6
Neo-natal Mortality Rate ..	19.8	14.2	15.9	16.7	20.7	17.2	20.0	11.6	18.1	19.6
Stillbirth Rate	25.0	24.7	26.7	21.8	21.0	16.9	19.6	17.6	19.1	16.4
Perinatal Death Rate	42.0	38.2	42.2	37.5	39.3	29.7	34.0	27.5	34.0	32.4
Deaths of infants aged 1 week but under 1 year per 1,000 total births	12.2	12.9	6.8	10.3	8.6	15.7	12.2	9.2	8.9	16.0

General Discussion - (Infant Mortality and Stillbirths)

The Infant mortality rate in England and Wales continued to show a slight improvement. The rate in 1963 was 20.9 per 1,000, compared, with 21.4 in 1962. Unfortunately, the infant mortality rate in Bolton in 1963 was unusually high - 32.6 per 1,000, compared with 24.2 per 1,000 in 1962. While a certain amount of fluctuation is to be expected from year to year in a relatively small area such as Bolton, the infant mortality rate for 1963 is, nevertheless, unduly high and is, in fact, the highest since 1951. Closer examination shows that the neonatal mortality rate, that is to say the death rate among infants up to the age of four weeks, was only slightly higher than in 1962 and this was more than offset by a reduction in the stillbirth rate. The real increase is in the period after the first four weeks of life. In 1963 there were thirty-five deaths among children in this age group, compared with seventeen in 1962 and twenty-one in 1961.

Although 1963 has been an exceptionally bad year, the death rate in the post-neonatal period has always been higher in the north of England than in the south, and towards the end of 1960 arrangements were made to undertake a detailed enquiry into all deaths in this period in Bolton. These enquiries were made with the co-operation of hospital staff and general practitioners and information is now available for the three years 1961, 1962 and 1963. During these three years there was a total of 73 post-neonatal deaths. Of these, 32 were due solely to bronchopneumonia; 23 were due to congenital abnormalities, and 18 to various other conditions. Bronchopneumonia is clearly the outstanding cause of death at this period and attention was concentrated on the 32 deaths which resulted from bronchopneumonia. Twenty-three of these deaths took place during the winter months and only nine during the summer months. Twenty-four of the children were less than five months old, and only eight were five months or more. In the majority of cases the illness was so short and death took place so quickly that there was little or no time for medical attention

to be given. It was hoped that the enquiry would provide a basis for future action to prevent these deaths, but the suddenness of death in the majority of cases means that there can be no easy solution to this problem.

Although the neonatal death rate in Bolton was not unduly high in 1963, it is worth pointing out that of the 52 children who died under the age of four weeks, 29 died as a result of prematurity. Prematurity is another of the main causes of infant death.

The third main cause is congenital abnormalities. These accounted for 23 out of the 88 deaths under the age of one year. Unfortunately, there are no preventive measures which are likely to make any substantial difference to the incidence of prematurity or of congenital abnormalities.

Deaths from Cancer

Localisation of Disease, Number of Deaths and Rate Per Cent of Total Deaths annually for the past ten years

			1954		1955		1956		1957		1958		1959		1960		1961		1962		1963	
			No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Stomach	..	..	67	2.99	55	2.57	59	2.66	52	2.30	76	3.59	60	2.84	62	3.02	67	2.96	73	3.30	72	3.23
Lung & Bronchus			65	2.90	60	2.81	78	3.51	85	3.77	82	3.87	82	3.88	69	3.37	71	3.13	98	4.43	90	4.04
Breast	..	..	32	1.43	38	1.78	35	1.58	39	1.73	28	1.32	33	1.56	27	1.32	32	1.41	40	1.81	31	1.39
Uterus	..	..	16	0.71	12	0.56	19	0.86	19	0.84	17	0.80	7	0.33	21	1.02	16	0.71	21	0.95	6	0.27
Other Sites	..	..	187	8.35	171	7.99	184	8.29	178	7.89	183	8.64	177	8.38	161	7.85	173	7.63	172	7.77	167	7.50
TOTAL DEATHS FROM CANCER			367	16.38	336	15.71	375	16.90	373	16.53	386	18.22	359	16.99	340	16.58	359	15.84	404	18.26	366	16.43
TOTAL DEATHS: (All Causes) ..			2,240		2,138		2,220		2,256		2,119		2,113		2,051		2,267		2,212		2,227	

Deaths due to Lung Cancer:

The number of deaths due to lung cancer was 90. Although this was eight fewer than in 1962 there is no doubt that the upward trend in deaths from lung cancer is continuing, as the following figures show.

Average number of deaths per annum, 1953-1957	..	70.8
Average number of deaths per annum, 1958-1962	..	80.4
Number of deaths in 1963	.. . . .	90

Of the 90 people who died from lung cancer in 1963, 52 were under the age of 65 and 38 were over 65.

There are slight indications that at least some sections of the public are beginning to appreciate the dangers of cigarette smoking, but a great deal of damage has already been done and is still being done by those who continue to smoke.

Fatal Road Accidents:

I am greatly indebted to the Chief Constable for the following information.

"During 1963, 2,089 accidents which occurred in the borough were reported to the Police.

The number of traffic accidents involving personal injury totalled 769; the number of persons injured in these accidents was 955.

Twenty-four persons were killed this being an increase of 4 on the previous year. Fifteen of these accidents occurred during the hours of darkness and 9 during daylight hours. Fatal accidents during daylight involved 3 pedestrians aged 10 years, 42 years and 81 years; 1 van driver aged 38 years; 1 motor cyclist; aged 30 years; 1 scooter rider aged 39 years; 1 cyclist aged 19 years; 1 bus passenger aged 60 years, and 1 horse-drawn vehicle passenger aged 45 years. Accidents during the hours of darkness were responsible for the deaths of 6 pedestrians aged 64 years, 67 years, 76 years, 78 years, 80 years, and 80 years; 1 scooter rider aged 25 years; 6 car passengers aged 18 years, 19 years, 21 years, 29 years, 33 years, and 56 years; 1 van passenger aged 24 years; 1 motor cycle passenger aged 23 years.

Fatal Accidents in the Home:

There were fifty fatal accidents in the home during 1963, an increase of seven compared with 1962. Thirteen of the deaths followed fracture of the femur. Three of the people concerned were aged between 70 and 79, but ten were aged 80 or over.

Other falls in the home apart from those which caused fracture of the femur resulted in twelve deaths. Eight of these twelve deaths occurred among people aged 80 or over.

Thus, a total of twenty-five people died after falls in the home, and of these twenty-five eighteen were aged 80 or over, five were between 70 and 79 and only two were under the age of 70.

Carbon monoxide poisoning caused nine deaths, the same number as in 1962.

Eight deaths were due to burning. In four cases the clothing caught fire. All four were female, and two were quite young.

In three cases exposure to cold during the winter months played a part in causing the death. Although exposure to cold was not entirely responsible for these deaths, there is no doubt that this is a real risk for elderly people and those already ill or handicapped if their domestic heating is not adequate.

A further eight deaths were due to various miscellaneous causes.

Suicide:

Only thirteen deaths were due to suicide in 1963, compared with twenty-two in 1962 and thirty-four in 1961. Compared with 1962 there has been a general reduction in all age groups.

The following table shows the distribution of deaths according to age, sex and the method of suicide applied.

	Age Group					
	15-44		45-64		65 and over	
	Male	Female	Male	Female	Male	Female
Carbon monoxide poisoning.	2	-	-	-	2	-
Barbiturate Poisoning	1	-	1	-	-	3
Self-inflicted violence	-	-	3	-	1	-
TOTALS	3	-	4	-	3	3

PART II

LOCAL HEALTH SERVICES

Care of Mothers and Young Children

Midwifery

Health Visiting

Home Nursing

Immunisation and Vaccination

Ambulance

Prevention of Illness, Care and After-Care

Home Help

Mental Health

(Development of Local Authority Health and Welfare Services
Ministry of Health Circulars 2/62 and 6/63
Revision of Plans)

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Clinics:

Ante-natal clinics conducted by Health Department staff continued to be held three times a week in the Civic Centre on Monday and Wednesday mornings and Tuesday afternoons. These clinics were held for patients who had booked a municipal midwife and were to be confined at home.

Altogether, 146 clinics were held with an average attendance of 24 patients per session. Expectant mothers wishing to book a midwife for domiciliary confinement did so at these clinics. In some cases the subsequent ante-natal care was undertaken by the general practitioner, but otherwise the patients continued to attend the Civic Centre clinics by appointment throughout pregnancy.

ATTENDANCES:

	1963	1962	1961	1960
New Bookings ..	734	851	830	756
Return visits ..	2,792	4,291	3,642	3,335
Post-natal visits ..	7	21	44	85
	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL ATTENDANCES	3,533	5,163	4,516	4,176
	<hr/>	<hr/>	<hr/>	<hr/>

CASES REFERRED FOR CONSULTANT OPINION:

Patients were referred to Bolton District General Hospital for the following reasons:

	No. OF CASES
Post Maturity	1
Breech and mal presentation	2
Rh. negative with antibodies	3
Difficult obstetric history	3
Multiparity	10
Disproportion	2
Tuberculosis	1
	<hr/>
TOTAL	22
	<hr/>

BLOOD EXAMINATION:

All patients on their first visit to the clinic had blood samples taken for investigation for haemoglobin estimation, Rhesus factor and Kahn reaction. Where the patient was found to be Rhesus negative the specimen was further investigated for the presence of antibodies and the test was repeated in the 32nd week of pregnancy. A repeat haemoglobin estimation during the last eight weeks of pregnancy was also done in all cases where it was indicated.

Some of the patients attending the clinics had had blood specimens at hospital before attending the clinic.

The following are the results of the examinations :

Blood specimens for haemoglobin	.. ..	1,226
Rhesus negative specimens	.. .. .	166
Rhesus positive specimens	.. .. .	545
Kahn reaction negative	.. .. .	624
Kahn reaction positive	.. .. .	2
Kahn reaction doubtful	.. .. .	1
Antibodies present	.. .. .	7

CHEST X-RAY:

All patients attending the clinics were given an appointment to have their chest X-rayed if they had not had one during the previous twelve months. Three special sessions were reserved for expectant mothers. Three hundred and fourteen women attended. One woman was found to be positive for tuberculosis and was subsequently admitted to Wilkinsons Sanatorium.

VACCINATION AGAINST POLIOMYELITIS:

Each expectant mother visiting the ante-natal clinic was offered vaccination against poliomyelitis. A total of twenty-two women received three doses.

IRON THERAPY:

All women attending the clinics were given ferrous fumarate from their first attendance at the clinic and continued throughout pregnancy.

PHYSIOTHERAPY:

Instruction in relaxation exercises was provided during the clinic sessions by the physiotherapist who was in attendance in an adjoining room.

WELFARE FOODS:

Welfare foods were available during all clinic sessions from the counter in the waiting room.

MATERNITY PACKS:

Maternity packs containing all the necessary sterile equipment for the confinement were supplied free to all mothers who had arranged to be delivered at home. Five hundred and eighty-two such packs were issued during the year.

DENTAL ARRANGEMENTS:

All expectant mothers who needed dental treatment or care were given the opportunity to attend the Authority's dental clinic.

LIAISON:

Co-operation with the hospitals and general practitioners continues to be excellent. Hospital records of previous confinements have been made available as usual for the information of the clinic staff and they have been of invaluable assistance in many cases. Also, where a patient had attended the hospital booking clinic but not been accepted for hospital confinement, copies of the blood and chest X-ray reports were forwarded to the Local Authority clinic when the patient subsequently attended to book a midwife. This has saved repetition of routine tests.

As before, a full report, including details of the blood tests, has always been sent to the general practitioner when a patient first attended the clinic and subsequent reports were sent in those cases where the general practitioner had been engaged. The midwives have also been sent full reports of their patients' attendances at the clinic.

During 1963 the Ante-natal Co-operation Card came into use. This card, which is kept by the patient, contains a concise history of all ante-natal visits to the clinic and to the patient's own doctor.

Child Welfare Centres:

The child welfare centre should ideally be part of a building conveniently sited for the families in the area. At this centre the health visitor would have her office and facilities for consultation. Its function should be to form an integral part of a Health Centre which would provide for the wider community needs in the way of school clinics, dental services, immunisation programmes, ante-natal sessions, chiropody, and child guidance services. It should be a centre from which medical officers, health visitors, social workers, the home nursing, midwifery, and home help services would operate. It should also be the referral point for general practitioners and hospitals when home care services are required. Its aim should be to offer health education in its widest sense, to give advice on the maintenance of health within the family, and to provide services for the prevention of disease.

It is a quarter of a century since premises planned on these lines were built in Bolton at the Civic Centre which is no longer adequate for a continually expanding service. The child welfare clinics are failing to meet the changing needs of the families that they were intended to serve. The continued use of church halls as substitutes for purpose-planned and equipped premises is preventing progress being made in this important aspect of the health visitor's work.

Details of the centres and of the volume of work carried out are as follows:

CENTRE	DAY	NO. OF SESSIONS	TOTAL ATTENDANCES
Civic Centre	Monday afternoon	47	2,006
Daubhill	do.	47	1,233
Chalfont Street	do.	47	1,651
Deane	do.	46	1,866
Tonge Fold	do.	47	1,504
Astley Bridge	Tuesday afternoon	48	1,681
Halliwell	do.	50	3,201
Chorley Old Road	do.	50	3,574
Civic Centre	Wednesday afternoon	49	2,009
Rosehill	do.	49	1,630
Astley Bridge	Thursday afternoon	50	3,080
Civic Centre	do.	51	2,134
Daubhill	do.	49	3,286
*Chorley Old Road	do.	14	192
Delph Hill	Friday afternoon	49	1,663
Tonge Moor	do.	49	2,618
The Withins	do.	49	3,307
Lever Edge Lane	Saturday morning (fortnightly)	27	443
TOTALS:		818	37,078

*Commenced September, 1963

Approximately 82 per cent of babies born to Bolton mothers were taken to child welfare centres during their first year of life. Details of attendances at different ages are shown in the following table.

Attendances at Child Welfare Centres

Age of Child	First Attendance	Subsequent Attendances	Seen by Doctor at Child Welfare Centre
Born 1963 ..	2,185	21,846	7,412
Born 1962 ..	411	10,040	3,199
Born 1958/61	210	2,386	695
TOTALS ..	2,806	34,272	11,306
TOTAL ATTENDANCES:		37,078	

The assistant medical officers referred some of the children attending child welfare centres to consultants, always of course, with the family doctors' consent. The details of the 108 cases referred during the year are as follows :-

Referred to	Ophthalmic Surgeon	..	..	..	27
„	„	Paediatrician	..	..	45
„	„	Orthopaedic Surgeon	..	..	8
„	„	General Surgeon	..	..	25
„	„	Plastic Surgeon	..	..	1
„	„	Ear, Nose and Throat Surgeon	..	..	2
TOTAL: ..					108

VACCINATION AGAINST POLIOMYELITIS:

NUMBER OF DOSES GIVEN AT CHILD WELFARE CENTRES

1ST DOSES	2ND DOSES	3RD DOSES
2,043	1,827	1,820

VOLUNTARY WORKERS:

During the year 60 voluntary workers attended child welfare centres to assist with record keeping, the sale of welfare and proprietary baby foods, and baby weighing. We are most grateful to these ladies who attended regularly throughout the year. In a few of the busier clinics proprietary food sales average £20 during the two hours that the clinic is open.

As in previous years, the Women's Voluntary Service Organiser has been most helpful in arranging for members of her Service to help out at several clinics, often at short notice.

CHILDREN "AT RISK" AND HANDICAPPED:

In my report for 1962 I indicated that a special clinic would be held in 1963 to examine the children on the "At Risk" register, and I discussed at some length the type of children considered to be "at risk" and the value of having these children reviewed at a special clinic.

During 1963 this clinic was held at fortnightly intervals and was staffed by Dr. Dickson, the Consultant Paediatrician, an assistant medical officer of health and a health visitor.

The number of babies on the "At Risk" Register in 1963 was 560, an increase of 109 over the previous year. The cases fall into the following categories:

Premature infants	..	..	..	..	..	..	..	137
Forceps delivery	..	..	..	..	..	..	..	111
Caesarian section	..	..	..	..	..	..	..	53
Breech delivery	..	..	..	..	..	..	..	42
Rhesus negative	..	..	..	..	..	..	..	19
Multiple pregnancies	..	..	..	..	..	..	..	44
Illness of baby	..	..	..	..	..	..	..	69
Illness of mother	..	..	..	..	..	..	..	64
Miscellaneous	..	..	..	..	..	..	..	82

There has been an increase in the number of premature babies registered – thirty-six more than in 1962 – but there has been a reduction in the number of forceps deliveries – thirty-three less than in 1962. Caesarian section deliveries have doubled and the multiple pregnancies have doubled, but there has been a reduction by half in the number of Rhesus negative babies.

The survey of these children at the clinic is not yet complete, but it is hoped to analyse the result early in 1964.

No. of clinics held	..	..	..	..	20	
No. of children attending	..	..	..	..	157	
No. of attendances made by children	..				162	
No. called but did not attend	..	..			17	
No. recalled to "At Risk" Clinic	..	..			15	
No. transferred to "Handicapped" clinic	..				5	(2 Rh. negative, now discharged) (2 premature) (1 breech delivery)

CATEGORIES SEEN:

Rh. negative	..	..	..	..	..	..	..	28
Premature	..	..	..	..	..	..	..	78
Breech delivery	..	..	..	..	..	..	..	31
Caesarian section	..	..	..	..	..	..	..	20
							<u>157</u>	

HANDICAPPED CHILDREN:

Another new development which I discussed in my report for 1962 was the preparation of a Register of Handicapped Children and, as a corollary to this, the provision of a special clinic where handicapped children would be reviewed. The main reason for this clinic was to co-ordinate the care of young handicapped children, to advise the parents and to anticipate suitable school placement.

There were 332 children on the handicapped register of pre-school children who are physically or mentally handicapped and who may require special medical or educational treatment. An analysis of these shows the following :

DISEASE OR DEFECT	NO. OF CASES
Asthma and eczema ..	13
Blood diseases	3
Cardiac	30
Cerebral palsy	10
Hypotonia	11
Cleft palate and hare lip	8
Speech delay	18
Partial hearing	7
Alimentary system defect	17
Epilepsy and convulsions	44
Orthopaedic	81
	(Congenital dislocation of the hip 19
	(Talipes 14
	(Rickets 2
	(Meningocele and spina bifida 12
	(Miscellaneous 34
Retarded	26
Mongols	4
Cretins and dwarfs ..	5
Gargoyle	2
Vision defects	2
Tuberculous infection ..	3
Nephritis	3
Miscellaneous	45

The numbers in the categories are similar to those on the register in 1962, although there has been a slight increase in the number of orthopaedic cases. The majority of these children attend either the hospital or the Consultant Paediatric clinic which is held once a fortnight at the Civic Centre.

During the year there were four deaths :

- i. Leukaemia
- ii. Severe cardiac lesion
- iii. A child with cerebral palsy who died of appendicitis
- iv. A mentally retarded child who died from cellulitis of the neck following mumps.

The following number of children attended the special clinic for handi-capped children:

No. of clinics held	25
No. of children attending clinics	117
No. of attendances made by children	179
No. of children discharged from clinic	15

CATEGORIES OF CHILDREN ATTENDING CLINICS:-

Mentally retarded	21	(1 child died - complication of mumps)
Slow physical progress	*11	(1 child referred from "At Risk" clinic)
Hypotonia	*12	(do.)
Delay in talking	*5	(do.)
P. Muscular dystrophy	1	
Partial hearing	4	
Asthma	3	
Cretin and mentally defective	1	
Spastic	16	
Bronchiectasis	3	
Idioglossia	9	
Cardiac	3	
Failure to thrive	3	
Fanconi-de-Toni syndrome ..	1	
Cavernous haemangioma ..	1	
Deformity of ears	1	
Microcephalic	4	
Mongol and congenital heart ..	1	
Convulsions	1	
Mongols	2	
Behaviour problems	3	
Mentally retarded and epileptic	2	
R. hemiplegia	2	
Hydrocephalic	1	
Bronchitis	1	
Spinal abnormality	*1	(Referred from "At Risk" clinic)
Primary pituitary dwarf ..	1	
Epileptic	1	
Simple tumour	1	
Enuresis problem	1	
TOTAL		117

*Five children referred from "At Risk" clinic during 1963 but only four attended "Handicapped" clinic during this year.

It was felt that this has proved to be a very useful clinic.

Previous experience of such clinics was available from elsewhere in the country and an attempt was made to base the conduct of the clinic on similar lines.

CONGENITAL ABNORMALITIES:

Events in the past few years have made it increasingly clear that there is a need for the collection of information about the incidence of congenital abnormalities. In March, 1963 a start was made in Bolton, and with the co-operation of doctors and midwives arrangements were made for all congenital abnormalities seen at birth to be notified to the Medical Officer of Health. Later in the year the Ministry of Health organised a scheme on a national basis and the local scheme was modified slightly to fit in with the Ministry's requirements.

CONGENITAL ABNORMALITIES NOTIFIED DURING 1963

Total notified	.. .. .	23	(10 male)
		—	(13 female)
Born in Bolton District General Hospital		11	
„ „ Haslam Maternity Home	.. ..	5	
„ „ Havercroft Maternity Home	.. ..	2	
„ „ Heaton Grange Maternity Home		4	
„ at home	.. .. .	1	
		—	
		TOTAL	23 (all live births)
		—	

The congenital abnormalities notified fall into the following categories:

Congenital dislocation of the hip	.. .. .	3
Talipes	.. .. .	2
Biliary atresia	.. .. .	1
Spina bifida	.. .. .	1
Micrognathos	.. .. .	1
Microcephaly	.. .. .	1
Cephalocele	.. .. .	1
Buphthalmos (bilateral)	.. .. .	1
Primary skin defect (scalp)	.. .. .	1
Floppy baby	.. .. .	1
Macrocephaly and Fallot's tetralogy	.. .. .	1
Strawberry naevus L. side sternum	.. .. .	1
Soft systolic murmur	.. .. .	2
Systolic heart bruit ? I.V.S.D.	.. .. .	5
Cyanotic heart disease ? Fallot's tetralogy	.. .. .	1

Ascertainment of Deafness in Young Children - Screening Tests of Hearing:

Fourteen health visitors are trained to use the special tests, devised by the Department of Audiology and Education of the Deaf of Manchester University, to estimate the ability of babies and young children to hear normally. The health visitors work in pairs and four categories of children are referred to them to have a screening test of hearing, as follows:

1. A list of babies considered to be "at risk", that is particularly liable to some handicap such as deafness, is compiled by the Superintendent Nursing Officer or her deputy from the midwifery discharges notices which are returned to the Health Department in respect of any baby born to a mother living within the borough. A baby is considered to be "at risk" if there is any maternal abnormality during the antenatal period or delivery, or if there is any abnormality of the baby itself. These children are brought forward for screening of hearing as they reach the age of seven months, at which time they are usually mature enough to respond to the tests.
2. Children between the ages of seven months and five years are brought forward for screening of hearing by the Superintendent Nursing Officer if they have an accident or a severe virus infection.

3. All children on the Register of Handicapped Children have their hearing tested.

4. Children are referred for screening at the request of the Consultant Paediatrician, medical officers in charge of infant welfare clinics, general practitioners, health visitors, nursery school teachers, day nursery matrons or parents if they have any reason to suspect a possible hearing loss.

The following table shows the various reasons why children were referred for hearing tests in 1963.

CATEGORIES OF SCREEN-TESTED CHILDREN

(a) CONDITIONS OF THE BABY AT BIRTH (b) MATERNAL CONDITIONS OR DURING DELIVERY

Anoxia	Distress during labour
Breech delivery	Rh. negative
Prematurity	Toxaemia of pregnancy
Foetal distress	Post partum haemorrhage
Forceps delivery	Ante partum haemorrhage
Post maturity	Caesarian section
Shock	Diabetes
Replacement transfusion	Pyelitis
Blue asphyxia	Severe anaemia
Asphyxia pallida	Attendance at Special Clinic
Hydrocephalus	German measles during pregnancy
Facial paralysis	
Lethargy	
Multiple birth	
Hare lip	
Cleft palate	
Microcephaly	
Severe jaundice	
Born before the arrival of the midwife or doctor.	

(c) CATEGORIES BROUGHT FORWARD BY DOCTORS, HEALTH VISITORS AND OTHERS

Convulsions, epilepsy, meningitis, nerve lesion
Cyanotic attacks, cardiac abnormality, poor peripheral circulation
Otitis media, mastoid infections
Child for adoption
Dyslalia, idioglossia
Not talking or answering in class
Deafness of other children in family, or parents deaf
Slowness in attaining milestones, failure to thrive, mongol
Fractured skull
Staggering gait, hypotonia
Psychologically disturbed child
Congenital cataract
Colostomy
Curvature of spine, congenital dislocation of hip,
Bi-lateral talipes

In each case, where necessary, the hearing was tested on three separate occasions before a child was considered to have failed to respond normally. Any child who failed three tests was seen by the Consultant Paediatrician, Dr. W. Dickson, and if he thought it advisable the child was then referred to the Consultant Ear, Nose and Throat Surgeon, Mr. G. G. Mowat, or to the Manchester Department of Audiology for further investigation.

Results

	Under 1 year	%	1 to 2 years	%	2 to 5 years	%	Totals	%
Number tested ..	381	71.8	91	17.1	59	11.1	531	
Passed—								
1st Test ..	363	95.3	83	91.2	52	88.1	498	93.8
2nd Test ..	11	2.9	5	5.5	3	5.1	19	3.6
3rd Test ..	3	0.8	2	2.2	1	1.7	6	1.1
Failed 3 Tests ..	4	1.0	1	1.1	3	5.1	8	1.5
Diagnosed:—								
Deaf	0	—	0	—	0	—	0	—
Not Deaf ..	0	—	0	—	1	1.7	1	0.2
Under consid- eration ..	4	1.0	1	1.1	2	3.4	7	1.3
Where tested—								
At home ..	225	59.1	55	60.4	41	69.5	321	60.5
At clinic ..	154	40.4	34	37.4	10	17.0	198	37.3
At nursery or nursery school	2	0.5	2	2.2	8	13.5	12	2.2

Five hundred and thirty-one children in all were tested during the year. This is more than twice as many as in 1962 when 195 children were tested, but the total number of children who failed to pass the first test was only one more in 1963 than in 1962, and the number of children who failed three tests was the same in both years. Thus, with the larger number of children tested in 1963 a much higher percentage passed the first test than in 1962. No child was diagnosed as deaf in 1963.

Eight children failed all three tests. Four of these were aged under one year, and details are as follows:

1. A backward child who failed yet a fourth test but whose general backwardness was probably responsible for this. He was referred for a Griffiths Test but his mother failed to keep any of the appointments.
2. A child who had been brought forward as a routine "at risk" case because her mother had German measles when she was in early pregnancy. This child is to have a fourth test in 1964.
3. A child tested because she was delivered by Caesarian section and has a congenital eye condition. She was referred to the Department of Audiology in December, 1963 but has not yet been seen there.
4. This girl was tested because she was asphyxiated at birth. She was to be referred to the Ear, Nose and Throat Consultant in January, 1964.

One child was in the 1 to 2 year age group:—

5. He is severely handicapped with a spina bifida and hydrocephalus and cannot lift or move his head. It would, therefore, be difficult to judge his response to the sounds and it is proposed to defer further testing until 1964

Three children were in the 2 to 5 year age group and the details are as follows:—

6. A four-year-old boy tested at his mother's request. He subsequently had a pure tone audiogram which showed his hearing to be very slightly below normal in one ear but he could not be considered deaf.
7. A two-year old girl tested at the request of the matron of her day nursery because she was not answering or responding to simple commands. She was referred to the Department of Audiology in December, 1963 and has not yet been seen there.
8. A three-year-old girl with multiple dyslalia, tested at the request of the Consultant Paediatrician and also referred to the Department of Audiology in December. This child has now left the borough.

Five children who had failed three tests during 1962 were also investigated further during 1963, as follows:

1. This child had a fourth hearing test which she passed.
2. This girl is backward. She was seen at the Department of Audiology where she responded to some sounds and it was considered she was having as much experience of sound as possible.
3. This boy has severe cerebral retardation. He was seen for the second time at the Department of Audiology where it was considered that his problem was not one of peripheral deafness.
4. Having congenital deformity of the ears, this boy was seen by a consultant E.N.T. surgeon who considered that the boy could hear. He is to have plastic surgery later.
5. This boy was diagnosed as deaf by the Department of Audiology and he now attends the Thomasson Memorial Special School.

The Psychological Testing of Children under Two:

Dr. Ruth Griffiths, a child psychologist, has devised a series of tests which enables the progress of children from birth to two years of age to be assessed in relation to other children of the same age. These tests comprise The Griffiths Mental Development Scale and the full test is divided into five sub-scales – (A) Locomotor; (B) Personal-Social; (C) Hearing and Speech; (D) Eye and Hand; (E) Performance. Using this scale it is possible to determine whether a baby who is, for example, late in talking or walking, is generally backward for its age or whether its progress is normal in other ways and it is only retarded in this one particular respect. This information helps both with regard to the management of the child and also with the estimation of the prognosis.

One of the assistant medical officers of health has been trained by Dr. Griffiths to use this scale and during 1963 twenty-one babies were referred to her for testing. In addition, two children referred in 1962 were still waiting to be seen at the beginning of 1963. Fourteen of these twenty-three children were seen during the year; two of them died prior to testing; five failed to keep their appointments and two children were waiting to be seen at the end of 1963.

The children were referred for testing for the following reasons:

Apparently backward	..	10
Delayed speech	.. ..	7
Late walking	.. .. .	2
Thalidomide baby	.. ..	1
Mongoloid facies	.. ..	1

Five of the children who were slow in talking and one of the children who was slow in walking were found to be developing normally in other respects.

The children were referred by the Consultant Paediatrician, Dr. W. Dickson in seven cases, by assistant medical officers of health in twelve cases, and by health visitors in the remaining two cases.

Routine Testing of Babies for Phenylketonuria:

A simple test of urine of 2,081 babies at about six weeks of age for the detection of phenylketonuria was carried out by the health visitors. No cases were found during the year.

As a result of a letter from the Chief Medical Officer of the Ministry of Health (C.M.O. 9/63) dated 4th July, 1963, consideration was given to the advisability of carrying out this urine test when the baby was about ten days old in addition to the test at six weeks of age. Because of the difficulties of ensuring that the first test would be carried out it was decided to continue to rely on the one at six weeks of age.

Care of Unmarried Mothers:

As in previous years work with unmarried mothers was again carried out by the Bolton Moral Welfare Association for the Corporation. The problem of the very young unmarried mothers caused concern during the year.

In 1963 the Moral Welfare Worker dealt with 114 cases. Twelve of these cases were girls aged sixteen years and less.

	1963	1962	1961	1960
Total number of girls aged 16 years and under who gave birth to live babies	12	15	3	6
Ages of mothers at the date of birth of their babies :				
Age of mother at last birthday:				
16 years	10	5	2	4
15 years	1	8	1	2
14 years	1	2	—	—

An annual grant was paid to the Association by the Corporation and in addition, any maintenance charges required for individual cases, where necessary, were met. Although there have been difficulties from time to time in obtaining places for girls in Mother and Baby Homes, it was possible to have admitted all those where this was necessary.

Mother and Baby Homes where girls were accommodated for an average period of nine to ten weeks were as follow :

St. Agnes' Home, Manchester	.. .. .	4 cases
St. Anne's Maternity Home, Heywood	..	4 cases
St. Margaret's Home, Wigan	.. .. .	2 cases
The Girls' Hostel, Lancaster	.. .. .	1 case
Sacred Heart Maternity Home, Kendal	..	1 case
The Grange Maternity Home, Wiltshire	..	6 cases
The Methodist Maternity Home, Manchester		3 cases
Mater Dei Home, Blundellsands	.. ..	6 cases
Good Samaritan Home, Warrington	.. ..	1 case
St. Theresa's Home, Salford	.. .. .	2 cases
St. Monica's Home, Kendal	.. .. .	2 cases
The Haven Baptist Home, Camberley	..	1 case

All paid part of the cost of maintenance and the Local Authority paid the remaining part.

Recuperative Training:

It was not found necessary to send any families to Brentwood Recuperative Centre during the year.

Family Planning:

No change has taken place in the administration of the facilities for family planning advice in the County Borough.

This work is carried out by the Bolton Family Planning Association and two separate weekly clinics are held, one at the Health Department in the Civic Centre on Mondays from 6.30 to 7.30 p.m. and the other at the Friends' Meeting House, Tipping Street on Fridays from 6.30 to 7.30 p.m.

The patients were all referred from medical sources. At the Civic Centre there were 1,421 patients who had previously attended, 361 new patients and 53 patients who had been attending Family Planning Clinics in other parts of the country. The number of clinics held was 43. At Tipping Street there were 483 patients who had previously attended, and 134 new patients. The number of clinics held was 44.

Distribution of Welfare Foods:

Welfare foods continued to be distributed daily from the public counter in the Health Department at the Civic Centre and also from twelve centres in various parts of the town where child welfare clinics were held. At these centres fourteen clinics were held weekly and one fortnightly.

The following table shows the total issues during the past three years :

COMMODITY	1961	1962	1963
National Dried Milk	24,991 tins	20,839 tins	16,348 tins
Cod Liver Oil	7,813 bottles	3,999 bottles	2,516 bottles
Orange Juice	47,289 bottles	32,214 bottles	35,850 bottles
Vitamin A & D Tablets	7,548 packets	4,673 packets	4,186 packets

Issues from the Health Department distributing centre, which was open during normal office hours, expressed as a percentage of the total issues, were as follows :

National Dried Milk	75 per cent
Cod Liver Oil	55 per cent
Orange Juice	58 per cent
Vitamin A & D Tablets	72 per cent

Welfare foods were issued from the central store at the Health Department to the following institutions. The figures are included in the above totals for the year.

NATIONAL HEALTH SERVICE INSTITUTIONS	National Dried Milk	..	127 tins
	Cod Liver Oil	.. ..	Nil
	Orange Juice	.. ..	299 bottles
DAY NURSERIES	National Dried Milk	..	17 tins
	Cod Liver Oil	.. ..	108 bottles
	Orange Juice	.. ..	432 bottles

Sales of National Dried Milk again fell considerably during the year and were only 53 per cent of the sales in 1960 showing an increasing preference to buy proprietary brands of milk food and use the tokens to obtain cheap liquid milk. Cod Liver Oil and Vitamin Tablets also continued the downward trend which began with the introduction of charges in 1961, but sales of Orange Juice, which fell drastically when the charge was increased, rose by 11 per cent over the 1962 figures.

Day Nurseries:

Nursery	Accommodation	Average daily attendance	
		1962	1963
Park House	50	42·06	41·58
Shaw Street	50	40·76	40·50
Merehall	47	37·11	42·92
Roxalina Street	50	44·44	43·67
TOTALS	197	164·37	168·67

The four day nurseries provide potential accommodation for 197 children. The number on the register at the 31st December was 229.

During the year 507 children attended the nurseries of whom 260 were social cases in the following categories :

Separated parents	64
Unmarried mothers	50
Desertion of mother or father	17
Confinement	20
Ill-health of mother or father	34
Widows	8
Inadequate income	27
Poor Housing conditions	4
Unsuitable environment	9
Deceased mother	1
Divorced parents	6
Imprisonment of father	3
Doctors' recommendations	12
Health Visitors' recommendations	5
TOTAL	260

LOWNDES STREET DAY NURSERY:

The nursery owned by the Fine Spinners and Doublers Limited has been purchased by the Local Authority and after certain constructional alterations, the children from Park House Nursery will be transferred to it early in 1964, and Park House will be adapted as a hostel for mentally subnormal individuals.

The Lowndes Street Nursery is a single-storeyed building, sited in a heavily populated area, and within easy reach of public transport. The rooms are light and airy. The baby unit is being extended to include a feed kitchen, a separate napkin changing room, and adjacent laundry. The rooms used by the older children are so arranged that intermingling is possible at times and afford direct access to out-of-doors where ample playing space is provided.

CHARGE FOR DAY NURSERY ACCOMMODATION:

The normal minimum daily charge was reduced from 2s. 6d. to 2s. 0d. per day from the 6th March.

Charge payable at end of year	No. of Cases	
	1962	1963
2/-d - 3/10d per day	60	63
4/1d - 6/- " "	35	41
6/6d " "	5	7
7/9d " "	6	5
9/3d " "	135	109
TOTALS	241	225

During the year 13 appeals affecting 13 children were considered by a special sub-committee. Eleven appeals were successful and two were refused.

VACCINATION AND IMMUNISATION:

The children, except for four whose parents refused to consent, were immunised against diphtheria, whooping cough and tetanus, and vaccinated against poliomyelitis.

STAFF:

The staff at the 31st December was as follows:

Day Nursery Supervisor	1
Matrons	4
Deputy Matrons	4
Wardens	4
Nursery Nurses	12
Nursery Assistants	8
Students	7
	<hr/>
STAFF	40
	<hr/>

TRAINING OF NURSERY NURSES:

Fifty students of the Bolton Training Centre were awarded the Certificate of the National Nursery Examination Board. They were recruited from the following sources:

Bolton Local Health Authority
Bolton Local Education Authority
Elizabeth Ashmore Residential Nursery
The Church of England Children's Society
Wigan Local Health Authority

Nurseries and Child Minders' Regulation Act, 1948:

Two industrial nurseries which provided accommodation for 99 children were visited by the Day Nursery Supervisor and found to be satisfactory.

CHILD MINDERS:

Two applications were received and approved for registration. There are now three registered child minders in Bolton.

Dental Treatment:

I am indebted to Mr. A. E. Shaw, the Principal School Dental Officer, for the following information and comments.

All the six dental surgeries were fully staffed from July onwards and dental treatment was given to those priority class patients seeking or referred for treatment.

COTTON STREET TRAINING CENTRE:

The Training Centre received its customary annual inspection and dental treatment was completed at the Robert Galloway Clinic for all those patients who accepted the offer of treatment.

Dental Arrangements

Number of dental treatment centres in use at end of year for services shown below	4
Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year ..	70

Analysis of Priority Dental Care

	Expectant and Nursing Mothers	Children under five
Examined	33	223
Commenced treatment	32	147
Courses of treatment completed	19	131
Scalings and Gum Treatment	10	—
Fillings	13	54
Silver Nitrate Treatment	—	6
Crowns and Inlays	1	—
Extractions	23	164
General Anaesthetics	3	72
Dentures provided: Complete	14	—
Partial	7	—
Radiographs	4	10

Physiotherapy:

During 1963 massage and remedial exercises were given to children from the child welfare centres, treatment being mainly for knock-knees, bow-legs, flat feet and in-toeing. Classes were held for school children to teach correct breathing and posture, to remedy flat feet and for postural drainage.

Ultra-violet light sessions were held twice weekly for school children and for infants. Sessions were also held twice weekly at Lostock Open Air School from September to March, breathing exercises being supervised once or twice each term.

Relaxation classes for expectant mothers were given each morning from 9.30 a.m. to 10.45 a.m. and on Tuesday afternoons in conjunction with the Mothercraft Class. During the summer months, two extra classes were added on Monday and Thursday afternoons.

On two afternoons each week exercises were given at Cotton Street Junior Training Centre to several partially spastic children.

The ultra-violet light department was transferred to the Robert Galloway Clinic on the 21st October to allow the Mass Radiography Unit to occupy the rooms in the Civic Centre, returning on the 25th November.

SUMMARY OF WORK:

	MASSAGE AND EXERCISES	BREATHING AND POSTURAL EXERCISES
No. of Patients	79	63
No. of Treatments	578	350
No. of New Patients	78	45

ULTRA-VIOLET LIGHT

	PRE-SCHOOL CHILDREN	SCHOOL CHILDREN	LOSTOCK OPEN AIR SCHOOL
No. of Patients	202	177	
No. of Treatments	2,090	2,031	2,228
No. of New Patients	196	149	
No. of Sessions	45	46	44

EXPECTANT MOTHERS - RELAXATION CLASSES

	NO. OF PATIENTS	NO. OF NEW PATIENTS	NO. OF ATTENDANCES
Domiciliary Midwifery Service ..	87	74	488
Maternity Homes	320	277	1,490
Own Doctors	13	11	68
Bolton District General Hospital	51	47	202

COTTON STREET

No. of Patients	8
No. of Treatments	490

MIDWIFERY

There has been a slight decrease in births in Bolton in 1963 although it should be noted that because of more births in the area round Bolton the pressure on Bolton District General Hospital is greater.

Distribution of Births:

The following table shows the distribution of births and comparison with previous years.

	1960	1961	1962	1963
Total Births	2,697	2,738	2,759	2,724
Domiciliary	544	575	617	530
Bolton District General Hospital	1,328	1,292	1,310	1,331
Maternity Homes	825	842	813	839

The number of babies born to Bolton mothers in maternity establishments outside Bolton, excluding Bolton District General Hospital, totalled 24.

Domiciliary Staff:

Establishment .. 10

In January there were nine midwives on the staff. Two midwives were appointed in March and September when two resigned. One midwife was appointed for a temporary period of six months. As domiciliary bookings were not as high as expected in the autumn, the full establishment of ten midwives was not required.

Domiciliary Confinements:

Municipal midwives were in attendance at 524 confinements. One midwife employed by the Lancashire County Council attended a confinement in the Authority's area.

Visits were made by municipal midwives as follows :

Ante-natal visits	5,572	(Averaging 8 visits per patient)
Nursing visits during the puerperium	8,404	
Post-natal visits	26	
TOTAL ..	14,002	

The midwives undertook ante-natal care of 184 patients who had been monthly booked for confinement at home but who were delivered in hospital because of possible complications, and discharged early in the puerperium – usually forty-eight hours after delivery – when they were looked after by domiciliary midwives.

More family doctors agreed to accept responsibility for home confinements as is shown by the following figures :

	DOCTORS ENGAGED	DOCTORS NOT ENGAGED
1960	436	107
1961	522	52
1962	602	36
1963	512	12

ANALGESICS:

Trichloroethylene was administered in 450 cases

Nitrous Oxide was administered in 5 cases

Pethidine was used for 170 cases.

Notifications:

In accordance with the rules of the Central Midwives Board the following notifications were received from midwives:

	DOMICILIARY PRACTICE	MATERNITY HOMES
Notification of Stillbirth	2	1
Notification of death of child	1	—

Medical Aid:

Medical Aid was sought by domiciliary midwives on 131 occasions from doctors for the following conditions:

RELATING TO THE MOTHER:	NO. OF
ANTE-NATAL CONDITIONS:	CASES
Ante-partum haemorrhage	2
Abdominal pain	2
Hypertension	1
Threatened Abortion	1
DURING LABOUR	
Premature labour	9
Precipitate labour	1
Prolonged labour	5
Uterine inertia	1
Foetal distress	10
Abnormal presentation	6
Intra-partum haemorrhage	1
Post-partum haemorrhage	9
Retained placenta	2
Obstetric shock	2
Perineal tear	54
PUERPERIUM:	
Puerperal rise of temperature	3
Suppression of lactation	1
RELATING TO THE CHILD:	
Feeble baby	3
Prematurity	2
Asphyxia	4
Congenital deformity	1
Discharging eye	6
Chest infection	1
Unbooked cases	2
Still births	2
TOTAL	131

Maternal Mortality:

There was one maternal death in Bolton in 1963

Flying Squad:

The Flying Squad (Emergency Obstetric Team) from Bolton District General Hospital was called on by domiciliary midwives on two occasions on account of post-partum haemorrhage.

District Midwifery Training:

Ten pupil midwives completed their Part II training and were successful in their examinations to become fully qualified midwives.

Refresher Courses:

No courses were attended by midwives. All but two midwives have fewer than five years' experience. The statutory ruling is for a refresher course to be taken every five years.

HEALTH VISITING

Staff:

At the end of the year the staff comprised :

- Superintendent Nursing Officer
- Deputy Superintendent Health Visitor/School Nurse
- 4 Group Advisers
- 2 Health Visitors engaged solely with patients of group practices
- 2 Health Visitors engaged solely on problem families
- 18 Health Visitor/School Nurses
- 1 Tuberculosis Health Visitor
- 5 School Nurses
- 2 Clinic Nurses
- 2 Part-time Clinic Nurses
- 3 Health Assistants (Part-time)

TOTAL: 36½ plus 2 administrative staff.

Included in the above were four student health visitors who completed their training during 1963 at the Technical College, Bolton. They were successful in passing their examination in July and joined the staff.

One group adviser resigned during the year and was replaced by the recruitment of a trained health visitor. One health visitor engaged solely with problem families resigned and was replaced by a district health visitor on the staff who was interested in this aspect of the work. Two district health visitors resigned. One trained health visitor was recruited. The health assistant who resigned at the end of 1962 was replaced. The employment of this grade of worker proved to be very successful and a third part-time health assistant was appointed in January.

STAFF SHORTAGES:

The improvement in the staffing position noted last year has been maintained and fractionally improved but the ratio of one health visitor to 4,300 population recommended in Ministry of Health and Ministry of Education Joint Circular 26/59, 12/59 "Health Visiting Service" is still far from being realised.

	1961	1962	1963
Ratio of health visitors			
to population	1 : 7,600	1 : 6,182	1 : 6,178

The number of district health visitors remained at 18. In addition, it was still necessary for three of the group advisers to retain districts in addition to their administrative duties, but as a result of the increase in other grades of staff, it was possible to reduce the case loads of two of them.

HEALTH ASSISTANTS:

As a result of the success of the appointment of this new grade of worker to relieve health visitors of routine duties, a third health assistant was appointed early in the year.

STUDENT HEALTH VISITORS:

Four student health visitors only were recruited for training despite frequent advertising. It has been found that it would be necessary to recruit six students each year in order to replace losses through resignation and to increase the health visiting staff.

GROUP ADVISERS:

The four group advisers have carried out their duties during the past year on the lines indicated in the Annual Report for 1962. The creation of this new grade has proved to be very useful, not only in providing the health visitors with support and advice, but also in preparing the group advisers for promotion. One group adviser resigned in July on being appointed to a senior administrative post in a neighbouring authority. She was replaced by the recruitment of an experienced health visitor with special interest in health education.

STAFF TRAINING:

Four health visitors attended summer schools at Cambridge, organised by the Health Visitors' Association. One school nurse attended a two-week course in audiometry at the Department of Audiology and Education of the Deaf at the University of Manchester.

STUDY DAYS:

Lectures for the staff were organised on the lines now established. The programme consisted of the following:

LECTURER	SUBJECT
Mr. J. Wilks, Consultant Surgeon	Paediatric Surgery
Dr. P. J. D. Snow, Consultant Physician	Steroid Therapy
Dr. J. T. Leyberg, Consultant Psychiatrist	Modern Trends in Social Psychiatry
Mr. P. E. Varey, Children's Officer, Bolton.	Child Care now and in the future

These lectures were most informative and we are very grateful to the lecturers for giving them.

Health visitors from adjacent areas were invited to attend.

Two health visitors engaged solely on work with problem families attended a study weekend organised by the Family Service Units.

Two health visitors attended for two days the refresher course organised for the health visitors of Manchester.

Two health visitors attended a study day at Salford organised by the Chest and Heart Association.

The Superintendent Nursing Officer attended the study day at Preston arranged for the Lancashire County health visitors.

The Superintendent Nursing Officer, the Deputy Superintendent Health Visitor, a group adviser and a health visitor attended a study day held at the Bolton School of Nursing for senior nursing staff.

Training of Student Nurses and Other Visitors:

The Medical Officer of Health and the Deputy Medical Officer of Health gave lectures to the student nurses at the Bolton School of Nursing in accordance with the requirements of the General Nursing Council's syllabus.

A total of 125 students were given practical experience by the health visitors.

Twenty-eight student health visitors attending the course at the Technical College in Bolton received their introduction to public health by a visit to the Health Department at the beginning of the course. Four of these students were subsequently attached to the department for their practical training by experienced health visitors.

Practical training and demonstration was given to 7 student health visitors from the Manchester Technical College course who spent two days accompanying health visitors on their visits.

Thirty-four student nurses in training at the Bolton School of Nursing visited the Health Department during their first year of training to observe the work of the ante-natal, mothercraft and child welfare sessions. During their second year of training, 45 nurses spent a day accompanying the health visitors on a wide variety of visits. This practical experience was followed by a meeting of the student nurses and Health Department staff when points of interest raised during the visits were discussed.

Other visitors to the department who wished to observe the work of the health visitors included 8 Social Study and 2 Social Science students, a student from Egypt studying Public Administration on a United Nations Fellowship, and several student teachers.

Arranging and supervising practical experience for a large number of students involves the health visitors in much heavy responsibility and adds to their difficulty in coping with heavy case loads. Nevertheless, it is a duty that they willingly undertake.

Home Visits:

The pattern of home visiting continued to change. Whilst the care of mothers and babies remained the basis of the health visitor's work, an increasing amount of time was spent in visiting the elderly and chronic sick, families with social problems, and children "at risk" or handicapped. Arising from these visits the health visitors made contact with many social agencies, either by personal visits or via the telephone.

The traditional picture of the health visitor visiting all the children in her area at regular intervals to observe progress and any deviation from normal development no longer applies today. At her first contact with a family the health visitor leaves her card giving details of where she may be contacted. Because of the ever increasing range of her work, the health visitor finds it necessary to rely on the families with difficulties to seek her out either at her office or child welfare clinics for consultation and advice.

A frustrating and time wasting aspect of her work is spent in ineffective visits to households. As more and more women take up full or part-time employment the number of these visits increases necessitating return visits in the evening in many cases.

As so many calls upon the health visitor's time are of an urgent nature, it becomes more difficult for her to plan her day's work and if her time is not to be wasted the use of a car has now become more necessary.

Analysis of Home Visits

First visits to babies born 1963	.. .. .	2,711
Subsequent visits to babies born 1963	.. .. .	5,831
Visits to children born 1962	.. .. .	7,094
Visits to children born 1958/61	.. .. .	11,412
Infectious disease visits	.. .. .	112
After-care visits	.. .. .	264
Chronic sick visits	.. .. .	3,398
Visits in connection with priority re-housing on medico-social grounds		354
Ineffective visits to households	.. .. .	4,354
Miscellaneous visits	.. .. .	2,268
TOTAL		37,798

Tuberculosis Visiting:

One full-time health visitor carried out the duties of after-care of tuberculous patients. She was assisted in the Chest Clinic by a part-time clinic nurse.

There was a decrease in the number of visits to patients from 807 in 1962, to 697 in 1963.

Number of visits to patients	.. .. .	697
Number of ineffective visits	.. .. .	131

The health visitor experienced difficulty during the year in tracing contacts of immigrant tuberculous patients because of their frequent change of address and the language barrier.

Geriatrics:

An increasing amount of the health visitor's time was devoted to visiting the chronic and elderly sick. They visited all cases brought to their notice to assess the problem and take steps to see that any services required were provided. A record is kept of all cases visited. After the initial need is met, a crisis dealt with, the case is visited as a routine about twice a year, or more often if necessary.

Action which health visitors may take includes :

Informing the patient's general practitioner if medical treatment appears to be required.

Recruiting the aid of relatives or neighbours if a crisis arises.

Calling in the services of district nurses, home helps, night sitters, and mental health officers.

Applying to the National Assistance Board for special grants on behalf of needy persons.

Referring cases to the Welfare Officers for hostel accommodation, meals on wheels, adaptations to houses of the handicapped, services for the deaf and blind, etc.

Initiating the provision of convalescent holidays for the elderly.

Assessing the social need for rehousing on medical grounds and reporting to the Medical Officer of Health. In 1963 the health visitors carried out 354 such visits, an increase of 75 over the number visited in 1962. The majority of cases were applications from elderly persons requesting ground floor accommodation or transfer to a more level area of the town.

Notifying the Medical Officer of Health of potential cases for action under Section 47 of the National Assistance Act, i.e. for compulsory removal to hospital.

Accompanying the Consultant Geriatrician on domiciliary assessment visits to determine the priority of admission to geriatric beds.

The appointment of a new Geriatric Consultant early in the year resulted in a change of policy in assessing the priority of hospital admissions. The health visitors were no longer required to supply the consultant with a report on the patient's social circumstances. Instead, on receipt of an application from the general practitioner, the consultant paid a domiciliary visit accompanied by the health visitor. At this visit the needs of the patient were assessed as follows:

1. Urgent admission to hospital.
2. Listing for a short or long-stay bed.
3. Admission during holiday periods for two weeks to afford relief to relatives looking after the patient.
4. Arranging attendance at the Day Hospital.
5. Arranging for a fuller examination to be carried out at the Out-Patient Clinic.
6. Arranging domiciliary services when the patient can be adequately nursed at home.
7. Arranging for a night sitter for cases requiring terminal care when admission to hospital is not desirable.

No. of geriatric cases visited by health visitors	.. ..	1,909
No. of visits to geriatric cases	.. .. .	3,398
No. of domiciliary visits paid by the Geriatric Consultant accompanied by health visitor	.. .. .	670

A regular visitation service to the elderly and house-bound was organised by the Welfare Department. The health visitors were able to supply names of persons in need of this service. They were particularly pleased to assist in a project organised by a local secondary modern school by their advice and in supplying names of elderly persons who would benefit from the scheme. This project was part of the school's Community Service Programme to widen the education of fourth year boys and girls as it was felt that young people were often criticised for being selfish and for taking without giving anything in return. As their contribution to the service, the boys decided to help old age pensioners with their gardens, minor repairs and decorating. They have carried out these duties for some months with great benefit to the pensioners.

Paediatrics:

Liaison between the Paediatric Physician and the health visitors was maintained during the year. Health visitors continued to attend the paediatric out-patient clinics and the ward round for the mutual exchange of information between the clinicians and the social workers. During the year, health visitors supplied the Paediatric Physician with a written report on the home conditions of all cases referred to him from the child welfare clinics by the assistant medical officers.

After discharge of a child from hospital, a copy of the consultant's letter to the general practitioner concerning diagnosis and treatment continues to be sent to the Medical Officer of Health. These letters are helpful in selecting the names of children who may be "at risk", and help to keep the health visitors informed of new methods of diagnosis and treatment.

Health Education:

MOTHERCRAFT CLASS:

As a result of the popularity of this class, a second weekly session was established in January. This enabled the size of the classes to be restricted thus maintaining a more informal atmosphere in which expectant mothers were encouraged to discuss their individual problems with the health visitors.

Talks and demonstrations were given as in previous years. Relaxation sessions conducted by the physiotherapist were held prior to the classes.

Apart from their educational value, the classes created many friendships between expectant mothers. This was of particular value to those who had settled in Bolton since marriage and had not had the opportunity to make friends elsewhere.

No. of expectant mothers attending mothercraft classes	
during the year	141
No. of attendances	1,047
Average weekly attendance	22

MOTHERS' CLUBS:

Because of the unsuitability of most clinic premises, it was found to be impracticable to attempt group teaching during child welfare sessions. Plans were therefore made to establish Mothers' Clubs at suitable centres to be held during the evenings when mothers could leave their children in the care of their husbands. It was felt that some mothers who removed to new housing estates might suffer from a sense of isolation and the clubs would be an opportunity for them to meet other mothers with the same interests in a friendly atmosphere, where educational and social activities were planned under the guidance of the health visitors.

The first two clubs were established in May at Astley Bridge Clinic and The Withins Clinic. Their increasing popularity led to the establishment in October of a third club at the Civic Centre Clinic. When the pattern of the meetings has been established, the planning of programmes is left in the hands of a committee of the members, although the health visitors are always available for help and advice. Meetings are held monthly. Usually, outside speakers are invited to talk on some aspect of health education chosen by the members, alternate monthly meetings being devoted to a more social activity.

Subjects which have been discussed include :

- Early diagnosis and prevention of cancer
- The emotional needs of young children
- Preparing young children for starting school
- Choosing books for children
- Demonstration of the mouth to mouth method of resuscitation

An increasing number of organisations requested talks from health visitors about various aspects of their work. This provided an opportunity for the dissemination of health education to a wide age range of the population.

Liaison with General Practitioners:

The close co-operation between general practitioners and health visitors continued during the year. The attachment of a health visitor to a group practice in 1962 was found to be of mutual benefit to doctors, health visitor and patients. In October, a group practice of four doctors requested that a health visitor be based at their surgery. This resulted in the establishment of a well-baby clinic held at the surgery on two mornings each week and an ante-natal clinic following the evening surgery once a week.

At the end of the year the district health visitors were attending weekly at eleven surgeries involving twenty-three general practitioners in addition to the two health visitors based at group practices.

Experience has shown the advantage of doctors and health visitors working closely together. The traditional pattern of health visitors working in geographical districts which do not coincide with doctors' practices is the main bar to establishing good working relationships.

Dr. G. D. McKenzie has prepared the following report :

"A full-time health visitor has now been attached to this three doctor partnership for the past eighteen months. All three doctors consider that this arrangement is superior to the former method whereby the health visitor was attached to a district.

A baby clinic has been established and now has an average weekly attendance of 30. The health visitor immediately visits all births in this practice, advises the mother, and encourages her to attend the clinic. We find an increasing number of requests by young mothers for the health visitor to visit and advise.

Many visits are paid to the elderly sick. Home helps are arranged and admission to hospital where necessary.

Problem families have been supervised more closely, much to the benefit of the children.

The closer and constant liaison between nurse, patient and doctor is obviously much appreciated by our patients and especially by young mothers and by the chronic sick."

Dr. R. H. Clarke has prepared the following report:

"Attachment of a health visitor to our practice with the object that she would be solely responsible for our patients alone, has been most successful in the view of all the partners.

Before she joined us I am afraid that like most general practitioners we had little contact with or knowledge of the health visitor, and, the success of the venture is in no small part due to the personality and goodwill of the health visitor who worked with us in the early days. The result is that now we find she has become an integral part of our practice and as such is playing a more important role from day to day.

I find it difficult to give details of her work. Suffice it to say that she visits the surgery daily where she has a room set aside for her use. She holds a child welfare clinic two sessions per week and with a present attendance of seventy. She has an ante-natal class 6.30 to 7.30 p.m. Average attendance, five or six.

There were 157 births in 1963. The health visitor had contact with the mothers and children in practically every case, ante-natal, post-natal talks and training. Inoculation vaccination clinics. Contact with special problems and illness – this entails selective visiting. She is now making a determined effort to see that all expectant mothers attend the ante-natal clinic regularly.

Two of her most important duties are with the geriatric patients and in mental health.

We find that the health visitor fits into our scheme of work without fuss. Patients have now come to look on her as a firm member of the group and many will ask for her advice without the necessity of seeing the doctor. She integrates very well with our receptionists and through her we have met many other health visitors."

The Prevention of Break-up of Families:

During the year the district health visitors supervised a total of 332 families with medico-social problems giving them support and encouragement to attain a more socially acceptable standard of living.

Two health visitors worked solely with problem families during the year. They each supervised about thirty families accepting cases from district health visitors which required intensive visiting, and returning them for normal visiting when the period of crisis was past.

The characteristics of families falling into the problem family group remain much the same from year to year with slight variations.

During 1963 unemployment was less of a difficulty than in previous years. Families taking on irresponsible hire purchase commitments remained the aspect of most concern to the health visitors involving them in many visits to encourage payment of debts and re-education in management of the family income. Other intractable causes of family difficulties were marital disharmony where one or other of the parents deserted the family, and the subnormal personality of one or both parents.

Work with problem families involves the health visitors in many contacts with other social agencies both statutory and voluntary. We are very grateful for the help and advice that we receive from these sources.

The Care of Problem Families by the N.S.P.C.C. Visitor:

Complementary to the work of the special health visitors on problem families there is in Bolton a woman visitor on the staff of the local branch of the National Society for the Prevention of Cruelty to Children who works in close co-operation with the department and with the Co-ordinating Committee for the Care of Children.

During the year the visitor has had 30 cases under her supervision. Twenty-one of these were carried forward from the previous year. There were 9 new cases involving 37 children. Seven cases were closed as "satisfactory" during the year and 6 children were taken into care by the Local Authority. Twenty-one cases were still under supervision at the end of the year. All told, 465 visits of supervision and 426 miscellaneous visits to public officials, voluntary organisations, etc., were made.

HOME NURSING

The Home Nursing Service has been administered from the Civic Centre with a few changes. The Deputy Superintendent resigned in May, 1963 and a successor was appointed to commence duty in August. There were seven resignations from the staff, three to take appointments with Lancashire County Council, one to take midwifery training, and three for family reasons. Eight appointments were made six of whom took district nurse training and continued as full-time members of the staff.

Staff:

The staff at the 31st December was as follows:

Superintendent
Deputy Superintendent

FULL-TIME

15 Queen's Nurses
3 State Registered Nurses
3 State Enrolled Nurses

PART-TIME

4 Queen's Nurses
1 State Registered Nurse

TOTAL NURSING: 26 Equivalent in full-time staff to 24
STAFF: —

FULL-TIME

5 Student District Nurses

This compared with an establishment of Superintendent, Deputy Superintendent, and 29 nurses. The difference is accounted for by temporary unfilled vacancies while posts were being advertised and appointments made.

The arrangements for receiving messages at the Health Department between 8.30 a.m. and 6.30 p.m. have remained unchanged except for Saturdays when the section closes down at 2.30 p.m. The Ambulance Station continues this service after these times and urgent messages are passed on to the nurse on evening rota duty. Other messages are received by the Superintendent on the following morning.

Statistics of Cases and Visits:

There is very slight difference in totals between 1962 and 1963 as the following table shows. The reduction in new cases and number of visits continues.

	No. of patients being nursed at beginning of month in each year				New Cases				Nursing Visits			
	1960	1961	1962	1963	1960	1961	1962	1963	1960	1961	1962	1963
Jan.	975	948	994	960	225	300	267	210	10,242	10,193	10,671	9,858
Feb.	977	986	983	993	235	237	145	218	10,256	9,405	8,503	9,267
Mar.	978	966	948	1,012	218	180	172	240	10,966	9,421	8,838	9,878
April	984	927	946	1,051	192	183	169	179	10,116	9,022	8,915	9,489
May	944	938	950	994	184	188	171	151	10,050	9,794	9,676	9,437
June	921	921	947	958	181	172	163	132	8,797	8,721	8,933	8,087
July	921	914	932	939	166	164	158	129	8,420	8,448	8,208	7,146
Aug.	930	907	924	931	180	181	173	160	9,535	9,127	8,913	8,313
Sept.	931	925	930	928	167	161	145	136	8,833	8,467	7,969	7,436
Oct.	913	928	933	926	167	160	151	136	9,292	9,346	8,910	8,015
Nov.	924	923	923	901	210	165	141	180	9,684	9,102	7,647	7,974
Dec.	949	954	933	930	209	220	193	195	9,728	10,175	9,133	8,569
TOTALS:					2,334	2,311	2,048	2,066	115,919	111,221	106,316	103,469

	1963	1962
Patients being nursed on 1st January	960	994
New patients attended during the year	2,066	2,048
TOTAL NURSED	3,026	3,042
Patients remaining on the books at the 31st December	951	960

The majority are suffering from long-term chronic illnesses and the district nurse may attend daily or two to three times weekly. The visits may be arranged to alternate with those of the home helps to ensure that patients who live alone are cared for as fully as possible.

The reduction in visits does not mean a decrease in the work of the nurses as they now spend more time in general bedside nursing as the needs of patients increase in such diseases as arthritis, chronic bronchitis, hemiplegia and general infirmities of old age. On the other hand, the number of injections given continues to decrease as means of adapting drugs to oral use are discovered and prove satisfactory.

NURSING VISITS IN AGE GROUPS:

	1962		1963	
	CASES	VISITS	CASES	VISITS
Children under 5 years ..	50	577	75	835
5 - 64 years	1,098	36,971	1,045	31,148
65 years and over	1,894	68,768	1,906	71,486
TOTALS	3,042	106,316	3,026	103,469

SUMMARY OF NURSING TREATMENTS:

	1962		1963	
	CASES	VISITS	CASES	VISITS
General Nursing	73,952	79,880	79,880	83,864
Injections	40,356	31,864	31,864	31,864
TOTALS	114,308	111,744	111,744	111,744

Laundry Service:

In 1963, 189 patients were assisted. The average number receiving the service over the year was 65 per month. Seventeen patients had been assisted for periods varying from two to six years, and eleven of these patients remained on the service at the end of the year.

Nursing Equipment:

Nursing equipment is available on loan and free of charge to all patients at the request of the family doctor or district nurse. A detailed list of the articles loaned to patients is given on page 77. Many of these articles have been needed and retained by patients for periods longer than a year.

Treatment Sessions in the Health Department:

A total of 59 patients attended the Home Nursing Section in the Civic Centre for injections during the year. Twenty-six of the 59 patients were receiving treatment for tuberculosis. The others received injections for anaemia, hay fever, and muscular weakness. Three patients attended daily; others, two or three times a week. The clinic is open from 2.30 p.m. to 6.30 p.m. from Monday to Friday, for the benefit of ambulant patients and those who are working.

District Nurse Training:

Three students completed the district nurse training course arranged by the Queen's Institute of District Nursing and were successful in passing the examination.

Training of Hospital Student Nurses:

As part of their training, 31 students from the Bolton School of Nursing and 16 from Townleys Branch, Bolton District General Hospital, attended the Home Nursing Section of the department and accompanied district nurses on their rounds to the patients' homes. These visits give the hospital students an insight into how the patients are cared for in their own homes.

Refresher Courses:

One State Enrolled nurse attended a ten-day refresher course held at the William Rathbone Staff College at Liverpool.

Transport:

There has been one change in transport arrangements. Thirteen "essential user" allowances are granted to full-time nurses, and one "casual user" allowance to a part-time nurse.

IMMUNISATION AND VACCINATION

Immunisation:

The table below shows the routine timing of immunisation and vaccination followed in the department.

PRIMARY IMMUNISATION (Diphtheria, Whooping Cough and Tetanus)	.. ..	Three injections at monthly intervals, starting at four months of age.
POLIOMYELITIS VACCINATION	..	Three oral doses at monthly intervals, starting at seven months of age.
SMALLPOX VACCINATION	.. ..	Sixteen months of age.
BOOSTER INJECTIONS AND DOSES		(a) One injection for diphtheria, whooping cough and tetanus given during the second year of life. (b) One injection for diphtheria and tetanus and one oral dose of poliomye- litis vaccine given in school when five years of age.

During 1963 triple antigen incorporating antigens against diphtheria, whooping cough and tetanus, has again been used in the child welfare centres and by general practitioners. Single antigens and combinations of antigens have again been available to meet the requirements of special cases.

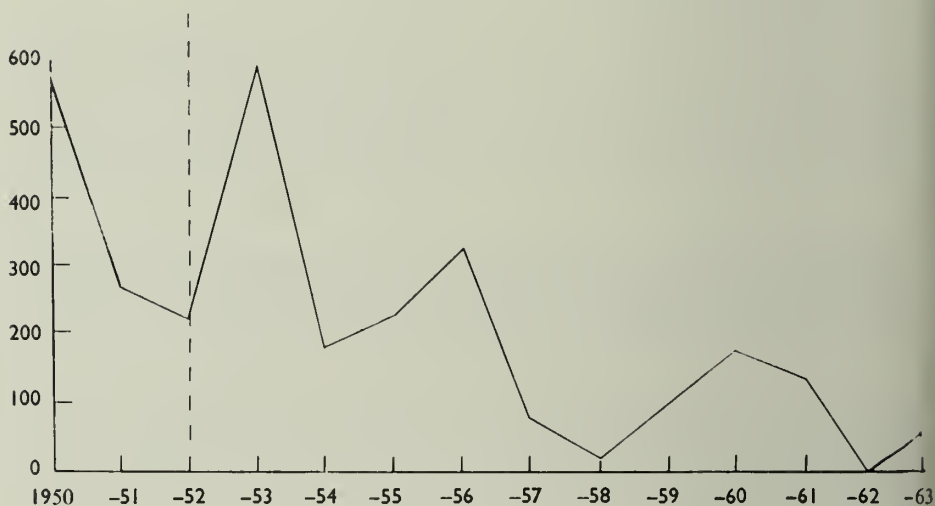
The system of supplying cards recording all children immunised against tetanus to the Casualty Department at Bolton Royal Infirmary has been continued during 1963. These cards are sent monthly from the Health Department and are indexed at the hospital, thus enabling information about the tetanus immunisation state of casualties to be readily available to the hospital staff. In the case of children receiving an injection of tetanus toxoid at the Casualty Department, a record of this is sent to the Health Department so that this information may be entered on the child's immunisation record card held by this department. In the case of a child who is found not to have had any previous immunisation the parents are then offered an appropriate course of immunisation for their child.

Personal immunisation and vaccination record cards have again been issued for each baby by the health visitor at the primary visit, the aim being to provide a written permanent record for each child which the mother can keep.

Every effort is made to persuade parents to have their children fully immunised and vaccinated. The health visitor discusses the schedule at her primary visit when the personal record card is given to the mother. Suitable posters are displayed at ante-natal clinics, child welfare centres, in the Health Department and on public hoardings. A letter is sent from the Medical Officer of Health notifying parents when the second year booster for diphtheria, whooping cough and tetanus is due. The parents of school children receive another letter about the importance of the five year old booster doses for diphtheria and tetanus, and poliomyelitis. Primary immunisation and vaccination courses are also arranged for school children should the parents request these.

Incidence of Whooping Cough in Bolton, 1950 to 1963

Immunisation
against
Whooping Cough
started



Number of cases of whooping cough notified – 55

0 - 5 years : 43 cases notified (4 of these had been immunised)

6 - 10 years : 12 cases notified (3 of these had been immunised)

Age at Immunisation

Re-inforcing Injections										TOTALS
	Diphtheria only	Diphtheria and Tetanus	Combined Whooping Cough and Diphtheria	Triple Antigen	Tetanus	Whooping Cough only	Diphtheria only and Whooping Cough and Diphtheria Combined	Triple Antigen	Diphtheria/Tetanus and Tetanus only	
2-8 months	-	1	-	1,353	-	-	-	-	-	1,354
9-11 months	-	-	-	175	-	-	-	-	-	175
1-2 years	-	-	-	146	-	-	-	1,238	3	1,387
2-3 years	-	3	-	28	-	-	-	92	4	127
3-4 years	-	1	-	7	-	-	-	17	4	29
4-5 years	-	4	-	3	-	-	1	9	23	40
TOTAL 0-5 years	-	9	-	1,712	-	-	1	1,356	34	3,112
5-6 years	-	12	-	2	-	-	-	13	946	973
6-7 years	1	71	-	2	-	-	-	2	185	261
7-8 years	-	5	-	-	1	-	-	2	17	25
8-9 years	-	1	-	-	1	-	-	-	4	6
9-10 years	-	-	-	-	1	-	1	-	2	4
10-11 years	-	-	1	-	2	-	-	-	-	3
11-12 years	-	-	-	-	1	-	-	-	1	2
12-13 years	-	1	-	-	-	-	-	-	-	1
13-14 years	-	-	-	1	-	-	-	-	1	2
14-15 years	-	-	-	-	-	-	-	-	-	-
TOTAL 5-15 years	1	90	1	5	6	-	1	17	1,156	1,277
GRAND TOTAL	1	99	1	1,717	6	-	2	1,373	1,190	4,389

Source of Immunisation

	Diphtheria Immunisation only	Diphtheria and Tetanus	Combined Whooping Cough and Diphtheria	Triple Antigen	Tetanus	Whooping Cough only	Re-inforcing Injections		
							Diphtheria only and Whooping Cough and Diphtheria Combined	Triple Antigen	Diphtheria/ Tetanus and Tetanus only
No. of Children Immunised at Child Welfare Centres ..	2	92	-	1,454	8	-	-	1,245	380
No. of Children Immunised in Schools	-	3	-	-	-	-	2	-	806
No. of Children Immunised by General Practitioners and for whom a record card was received by the Health De- partment	1	3	-	266	2	-	-	129	6
TOTALS	3	98	-	1,720	10	-	2	1,374	1,192
GRAND TOTAL ..					4,399				

Diphtheria Immunisation in relation to Child Population

Age Group	Percentage of mid-year Population completely immunised
Under 1 year	56.8
Aged 1-4 years	70.9
Aged 5-14 years	82.6
TOTAL UNDER 15 YEARS ..	77.3

Diphtheria Immunisation

The following table shows the number of children immunised during the past fourteen years :—

Age at date of inoculation	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	TOTALS
Under 1 year	835	698	651	671	1005	1323	1205	1278	1375	1439	1559	1486	1684	1,529	0-5 years 8,491
1-2 years	606	670	638	588	554	414	187	196	177	199	169	177	152	146	
2-3 "	94	76	100	79	70	110	48	35	28	49	54	62	25	31	
3-4 "	72	60	63	43	42	58	32	24	20	25	28	48	17	8	
4-5 "	53	46	56	90	49	69	37	32	23	18	30	30	13	7	5-10 years 8,892
5-6 "	93	58	164	260	490	673	359	326	288	97	43	44	17	14	
6-7 "	83	35	163	249	35	88	57	65	24	156	197	211	206	74	
7-8 "	63	21	64	151	9	12	4	2	3	6	62	61	79	5	
8-9 "	54	5	32	162	3	2	2	1	—	2	8	5	11	1	10-15 years 9,521
9-10 "	43	1	2	26	—	4	3	—	2	—	6	3	4	—	
10-11 "	7	2	1	10	—	3	1	—	2	3	1	3	4	1	
11-12 "	9	—	—	17	—	2	—	1	—	1	—	4	2	—	
12-13 "	2	—	1	10	—	—	—	—	—	1	1	6	—	1	Over 15 years 2,328
13-14 "	—	—	1	15	—	2	—	—	1	—	—	2	—	1	
14-15 "	1	—	—	5	—	—	—	—	—	—	1	1	—	—	
15 years and over	2	6	1	2	1	1	—	2	2	6	9	9	3	4	
TOTALS	2017	1678	1937	2378	2258	2761	1935	1962	1945	2002	2168	2152	2217	1822	29,232

Vaccination against Poliomyelitis:

The open sessions which began in November, 1958 and at which persons could attend for vaccination without prior registration, have continued throughout the year. Sessions were held each Wednesday afternoon. On the first Wednesday of each month the clinic remained open until 7 p.m. Health visitors have administered the oral vaccine since this was introduced, three drops of the vaccine being given on a lump of sugar to adults, and in a small amount of syrup to babies and young children.

Poliomyelitis vaccination is also given at child welfare centres and most children receive their initial three doses there. The fourth dose is given in school as soon as possible after the child commences attendance.

The following table shows the progress of the poliomyelitis vaccination campaign during 1963.:

	Month in which second or third dose given						Total
	Jan/Feb	Mar/Apl	May/June	July/Aug	Sep/Oct	Nov/Dec	
Persons given primary (first and second) doses	959	1,129	1,037	776	721	543	5,165
Persons given "booster" } } 3rd } 4th doses	358	446	515	478	356	322	2,475
	1,261	57	214	53	27	211	1,823

The following table shows the number of people vaccinated in various groups since the scheme began in 1956:

By 31st December	Numbers who have received two injection doses since scheme began					Numbers who have also received "booster" injection dose	
	Born in 1943/1962	Born in 1933/1942	Expectant Mothers	Others	Total	3rd	4th
1957	4,324	—	—	—	4,324	—	—
1958	22,340	4,504	982	568	28,394	4,076	—
1959	27,170	11,660	1,958	615	41,403	28,451	—
1960	29,276	12,102	2,295	3,682	47,355	40,990	—
1961	35,064	13,960	2,450	7,875	59,349	45,124	8,880
1962	37,710	14,361	2,564	8,475	63,110	55,089	9,399
1963	39,757	14,461	2,594	8,659	65,417	57,564	11,222

Vaccination against Smallpox:

There is still a need for babies to be vaccinated against smallpox as the rapidity of air travel makes it possible for a person who is incubating smallpox to arrive in this country before the illness develops. Re-vaccination in adult life is also much less likely to produce unpleasant complications than vaccination for the first time at that age.

The decrease in the number of children vaccinated aged one year and under is due to the change of policy in December, 1962 when babies were no longer vaccinated for smallpox at three months of age but at sixteen months of age. The future numbers of infants vaccinated are not expected to reach the previous totals.

NUMBER OF PRIMARY VACCINATIONS UNDER 5 YEARS OF AGE:

1952	..	..	..	639	
1953	..	..	..	1,255	(local cases of smallpox)
1954	..	..	..	1,076	
1955	..	..	..	1,098	
1956	..	..	..	1,073	
1957	..	..	..	1,248	
1958	..	..	..	1,304	
1959	..	..	..	1,358	
1960	..	..	..	1,375	
1961	..	..	..	1,462	
1962	..	..	..	2,042	
1963	..	..	..	124	

The above figures include the following children who were primarily vaccinated by family doctors.

Under 1 year	..	67
1 - 5 years	..	22
		<hr/>
TOTAL	..	89
		<hr/>

PERCENTAGE OF CHILDREN VACCINATED IN RELATION TO BIRTHS DURING THE YEAR:

1952 - 23%	of children under 1 year vaccinated
1953 - 34%	" " " " "
1954 - 42%	" " " " "
1955 - 46%	" " " " "
1956 - 41%	" " " " "
1957 - 49%	" " " " "
1958 - 50%	" " " " "
1959 - 52.5%	" " " " "
1960 - 54.2%	" " " " "
1961 - 51.9%	" " " " "
1962 - 58.3%	" " " " "
1963 - 3%	" " " " "

There appears to have been a very large decrease in the total number of vaccinations and re-vaccinations carried out in 1963 in comparison with 1962. This has arisen because there was a widespread but comparatively minor outbreak of smallpox in the country during the early part of 1962. Because of this, the total number of vaccinations and re-vaccinations in 1962 was extraordinarily high.

Summary of Vaccinations

	Age at date of Vaccination							TOTAL
	Under 3 months	3 to 5 months	6 to 11 months	1 year	2 to 4 years	5 to 14 years	15 years and over	
No. Vaccinated:								
1962 ..	230	1,140	240	195	237	745	2,282	5,068
1963 ..	8	52	20	20	24	33	214	371
No. Re-vaccinated:								
1962 ..	-	-	-	7	50	442	3,375	3,874
1963 ..	-	-	-	1	10	45	411	467

The above figures include 17 hospital staff.

General practitioners carried out 377 of the 625 vaccinations of persons aged 15 years and over.

Record cards were received from general practitioners during 1963 relating to persons vaccinated in 1962 which had not been previously recorded as follows:

PRIMARY VACCINATIONS	Under 1 year..	..	..	18
	1 to 4 years ..	..	..	3
	5 to 14 years ..	..	..	1
	15 years and over ..	..	..	13
RE-VACCINATIONS	1 to 4 years ..	..	..	Nil
	5 to 14 years ..	..	..	1
	15 years and over ..	..	..	38

(These figures are included in above totals)

AMBULANCE

The Local Health Authority continued to provide full ambulance cover within its own area and, on an agency basis, full ambulance cover in the Turton Urban District on behalf of the Lancashire County Council. Ambulance services were also provided for the steelworks of John Booth and Sons (Bolton), Limited, the National Coal Board for its collieries within the borough, and for the Emergency Flying Squad situated at the Bolton District General Hospital.

General Review:

It is particularly pleasing to report that this year there have been substantial reductions in the number of patients carried and the mileage run, although previous years have shown increases in each both locally and nationally. The close liaison and co-operation which have been maintained throughout the year with the local hospital authorities and the neighbouring ambulance services have undoubtedly proved most valuable in the efficient and economical running of the service and contributed to these reductions. More conveyance of patients over long distances by train has been beneficial and economical, and most satisfactory for the patients.

A new, smarter and more comfortable ambulance uniform was introduced in October.

The following table shows the total mileage and the total number of patients carried, together with the average miles per patient during the past fifteen years.

Year	Total Mileage			Total Number of Patients Carried			
	Ambulances	Sitting Case Vehicles	Totals	Ambulances	Sitting Case Vehicles	Totals	Average Mileage per Patient
1949			106,966			24,209	4.42
1950	95,988	32,378	128,366	27,654	4,342	31,996	4.0
1951	98,296	61,845	160,141	28,630	8,596	37,226	4.3
1952	94,052	59,657	153,709	25,365	10,806	36,171	4.25
1953	79,592	72,928	152,520	19,749	17,353	37,102	4.1
1954	76,792	79,712	156,504	18,642	24,180	42,822	3.65
1955	75,138	87,612	162,750	18,874	31,622	50,496	3.22
1956	73,726	87,852	161,578	18,802	32,563	51,365	3.15
1957	64,464	93,806	158,270	15,930	33,653	49,583	3.19
1958	68,751	93,311	162,062	16,150	33,771	49,921	3.25
1959	75,689	86,853	162,542	17,399	32,227	49,626	3.27
1960	78,822	95,976	174,798	17,425	40,935	58,360	3.0
1961	78,057	95,514	173,571	15,851	40,465	56,316	3.08
1962	84,341	95,140	179,481	18,550	39,232	57,782	3.11
1963	82,168	83,422	165,590	18,445	35,762	54,207	3.05

An overall reduction of 6.2% and 7.7% in respect of patients carried and the mileage involved is shown. In considering these reductions it is noted that patients and mileage within the County Borough have decreased 5.7% and 6.5% respectively, and within the Turton Urban District a decrease of 13.9% and 10.9% is shown. This is contrary to the expected demand in view of the substantial residential development now taking place in the Turton area.

An analysis of the type of patient conveyed indicates the main decrease in numbers to be those attending out-patient clinics. Slight increases in comparison with the previous year in the number of patients attending Day-care Units and the number of calls to attend emergencies are noted.

The average of 2.7% miles per patient in respect of patients conveyed within the County Borough and 8.01 miles per patient for patients conveyed in the Turton Urban District area, with an overall average of 3.05 miles, is very satisfactory indeed. The national average for similar county boroughs in 1962 was 4 miles per patient.

During the year arrangements were made for the removal of thirty-two patients by rail and a total of eighteen patients were met at Bolton Trinity Street Railway Station and conveyed to their respective destinations at the request of other local authority ambulance services.

Three private ambulance journeys were undertaken by the service during the year and a total of £14 0s. 3d. was received by the authority for this service.

**Monthly Analysis of work done by the Ambulance Service:
Bolton***

Month	Patients carried by			Miles travelled by		
	Am- bulances	SittingCase Vehicles	Total	Am- bulances	SittingCase Vehicles	Total
January	1,924	3,036	4,960	7,209	6,099	13,308
February	1,501	2,824	4,325	6,014	5,654	11,668
March	1,364	2,983	4,347	5,929	6,083	12,012
April	1,255	2,900	4,155	5,609	6,029	11,638
May	1,368	3,207	4,575	5,702	6,696	12,398
June	1,308	2,401	3,709	5,497	5,470	10,967
July	1,315	2,564	3,879	5,961	6,052	12,013
August	1,482	2,771	4,253	6,425	5,582	12,007
September .. .	1,511	2,705	4,216	6,786	5,500	12,286
October	1,498	3,016	4,514	6,153	5,869	12,022
November .. .	1,513	2,713	4,226	5,879	5,432	11,311
December .. .	1,456	2,831	4,287	6,073	5,765	11,838
TOTALS ..	17,495	33,951	51,446	73,237	70,231	143,468

*Includes agency work for National Coal Board and some 'knock for knock' journeys for neighbouring authorities.

Agency Service for Lancashire County Council

(a) IN AREA OF TURTON URBAN DISTRICT COUNCIL

Month	Patients carried by			Miles travelled by		
	Am- bulances	Sitting Case Vehicles	Total	Am- bulances	Sitting Case Vehicles	Total
January	142	151	293	1,099	1,175	2,274
February	86	161	247	882	1,008	1,890
March	71	147	218	725	1,128	1,853
April	63	151	214	623	1,040	1,663
May	64	158	222	620	1,267	1,887
June	63	112	175	586	783	1,369
July	66	119	185	676	948	1,624
August	97	150	247	918	1,175	2,093
September .. .	79	155	234	749	1,096	1,845
October	66	221	287	617	1,512	2,129
November .. .	76	143	219	679	1,055	1,734
December .. .	74	141	215	748	984	1,732
TOTALS ..	947	1,809	2,756	8,922	13,171	22,093

(b) IN RESPECT OF JOHN BOOTH & SONS (BOLTON) LTD.

Patients carried by			Miles travelled by		
Ambulances	Sitting Case Vehicles	Total	Ambulances	Sitting Case Vehicles	Total
5	—	5	29	—	29

Emergency Calls:

The response to emergency calls continues to be most satisfactory the average time taken to reach the scene of an emergency within the County Borough being 4.5 minutes.

The total number of such calls again shows an increase from the previous year. Noted increases are those to attend road accidents and accidents in the home. October was the worst month in respect of road accidents when 71 patients were taken to hospital for this reason. Over 50 per cent of home accidents were the result of falls.

The Health Committee decided that blue warning lights and audible signals be fitted to all emergency ambulance vehicles.

Bolton Emergencies and Special Journeys

Type of Case	Jan.	Feb	Mar	Apl.	May	June	July	Aug	Sept	Oct	Nov.	Dec	Total Patients
ACCIDENTS IN THE HOME													
Burns	8	2	4	1	4	1	—	2	3	2	2	6	35
Scalds	7	8	5	3	4	3	4	3	2	4	3	8	54
Falls	36	23	19	30	26	27	22	32	29	40	32	45	361
Gas & Electricity Mishaps	15	—	2	—	1	2	1	—	1	3	1	4	30
Poisonings	—	—	4	—	6	9	5	14	16	11	16	10	91
Collision with structures	1	—	—	1	1	1	—	2	—	1	—	—	7
Cuts (other than from falling)	12	3	3	6	12	3	7	5	4	5	7	9	76
Falling objects	1	1	—	1	1	3	3	1	3	—	2	1	17
Trapping of limbs	1	2	4	5	2	4	2	5	1	4	2	6	38
Swallowing foreign bodies (other than poisons)	10	6	10	12	10	1	1	2	4	1	2	4	63
TOTAL OF ALL ACCIDENTS IN THE HOME:	91	45	51	59	67	54	45	66	63	71	67	93	772
Road Accidents	45	37	31	57	51	42	46	54	54	66	62	61	606
Collapse	38	38	44	45	52	51	46	43	29	39	46	58	529
Industrial Accidents	11	17	8	13	16	8	4	14	12	14	16	17	150
Sudden Illness	33	19	31	27	33	39	24	24	32	33	25	31	351
Falls in the Street	63	62	35	24	22	18	17	20	10	17	19	37	344
Children injured at school or at play	15	22	35	33	51	60	62	45	59	29	26	20	457
Violence:													
Fights and Drunks	6	5	1	10	11	8	5	11	11	6	18	10	102
Assaults	—	1	1	4	8	7	1	2	2	3	4	3	36
Drowning	—	—	—	—	2	—	—	—	—	1	1	—	4
Hanging	—	—	—	—	—	—	—	—	—	1	—	—	1
Falls in shops or places of entertainment	1	2	1	2	1	1	—	—	—	5	1	7	21
Sporting Accidents	—	—	—	—	1	—	1	—	3	2	3	—	10
Attacks by animals or insects	3	—	—	4	—	—	—	2	4	3	3	—	19
Fairground Accidents	—	—	—	—	—	2	5	—	—	—	—	1	8
Horseriding Accidents	—	—	1	—	—	—	—	—	—	—	—	—	1
Railway Accidents	—	—	—	—	—	—	—	—	—	—	—	—	—
Miscellaneous	23	19	14	12	11	35	57	36	28	31	24	18	308
TOTAL EMERGENCIES:	329	267	253	290	326	325	313	317	307	321	315	356	3719
MATERNITY CASES:	142	134	135	146	143	143	146	156	173	148	139	167	1772
LONG JOURNEYS: (60 miles or more)	3	3	6	4	2	6	—	—	3	—	4	2	33
TRANSPORT OF MIDWIVES AND GAS AND AIR APPARATUS:	29	23	28	20	19	12	23	15	21	11	22	26	249
TRANSPORT OF TRAINEES TO ADULT TRAINING CENTRE	44	40	42	41	44	38	26	42	33	48	42	34	474
TRANSPORT OF PATIENTS TO CHIROPODY CLINIC:	71	47	57	63	59	54	51	49	47	94	74	82	748

Turton District Emergency and Maternity Cases

Type of Case	Jan	Feb	Mar	Apl	May	June	July	Aug	Sept	Oct	Nov	Dec	Total Patients
ACCIDENTS IN THE HOME:													
Burns	1	-	-	1	-	-	-	-	1	-	-	-	3
Scalds	-	-	-	-	-	-	-	-	-	-	-	1	1
Falls	2	1	1	-	5	3	5	3	1	1	2	4	28
Gas and Electricity Mishaps	2	-	-	-	-	-	-	-	-	-	-	-	2
Poisoning (other than gas)	-	1	-	-	-	2	-	-	-	-	1	-	4
Collision with structures	-	-	-	-	-	-	-	-	-	-	-	-	-
Cuts (other than from falling)	-	-	-	-	1	-	-	-	-	-	-	-	1
Swallowing foreign bodies (other than poisons)	-	-	1	-	-	-	-	-	-	1	-	-	2
Falling objects	-	-	-	-	-	-	-	-	-	-	-	-	-
Trapping of limbs	-	-	-	-	1	-	-	-	-	-	-	-	1
TOTAL OF ALL ACCIDENTS IN THE HOME	5	2	2	1	7	5	5	3	2	2	3	5	42
Road Accidents	9	4	3	3	3	4	4	8	7	5	4	4	58
Collapse	3	2	-	1	1	1	-	-	-	-	2	2	12
Industrial Accidents	1	1	1	-	2	3	2	-	-	1	2	-	13
Sudden Illness	-	-	2	-	-	3	1	1	-	-	1	-	8
Falls in the Street	2	3	2	-	2	-	2	-	1	-	1	-	13
Children injured at school or at play	2	2	2	3	1	4	2	4	2	4	-	-	26
Sporting Accidents	-	-	-	-	-	-	-	1	-	-	-	-	1
Horseriding Accidents	-	-	-	-	1	-	-	-	-	-	-	-	1
Violence—													
Fights and Drunks	-	-	-	-	-	-	-	-	1	-	-	-	1
Assault	-	-	-	-	-	-	-	-	-	1	-	-	1
Attacks by animals or insects	1	-	-	1	-	-	-	-	1	-	-	-	3
Miscellaneous	-	-	1	1	-	6	2	-	3	2	-	-	15
TOTAL EMERGENCIES	23	14	13	10	17	26	18	17	17	15	13	11	194
MATERNITY CASES	10	13	9	10	11	11	12	8	13	15	12	17	141
LONG JOURNEYS (60 miles or more)	4	-	-	-	-	-	-	-	-	-	-	-	4

National Coal Board

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total Patients
Industrial Accidents	1	2	4	2	2	-	-	1	4	3	-	-	19

Total Mileage for Collieries ... 168

Vehicle Strength at 31st Decmber, 1963:

Make	H.P.	Reg. No.	Purchase Date	Total Mileage
AMBULANCES:				
Austin	27	EWB 345	23. 8.51	101,876
Austin	16	JWH 660	9. 3.56	94,704
Austin	16	JWH 699	9. 3.56	102,077
Austin	16	LBN 22	20. 7.57	100,169
Austin	16	MWH 100	29. 4.58	74,625
Austin	16	MWH 101	29. 4.58	77,711
SITTING CASE AMBULANCES:				
Austin	16	VBW 376	4. 4.62	20,495
Morris	16	HWH 499	6. 4.55	96,074
Austin	16	PBN 30	24. 9.59	54,915
Austin	14	PWH 979	28. 3.60	82,911
Bedford	14	LBN 20	8. 3.57	110,376
Morris	15	XWH 750	1.10.63	5,653
SITTING CASE CAR:				
Austin	Diesel	TWH 746	24. 4.61	32,252

A new Morris sitting case vehicle was delivered on the 1st October. The value of this type of vehicle is seen in the total miles completed since its delivery. It is planned to replace two of the older ambulances in the next financial year.

Accident and Insurance Claims

During 1963 there were five accidents reported for insurance purposes to ambulance service vehicles. In none of these instances were the ambulance drivers considered to be negligent.

Petrol and Oil Consumption:

A total of 11,138 gallons of petrol, 473 gallons of diesel fuel and 1,461 pints of oil were used during the year. The average performance of all ambulance service vehicles which all use Commercial Grade petrol was 15.23 m.p.g.

Maintenance and Repair of Vehicles:

All Health Department vehicles continue to be serviced, maintained and repaired in the ambulance workshops. A comprehensive maintenance system ensures the maximum availability of vehicles at all times.

Liaison Officer (Bolton Royal Infirmary):

This officer continues to provide the essential link between hospital, ambulance services and patients. A total of 19,933 ambulance cases were booked through this office during the year.

Ambulance Control Room:

The control continues to be used for other emergency services outside normal working hours, e.g. requests for transport of the Hospital Flying Squad, midwives, oxygen, and for the receipt of messages for district nurses and general practitioners.

The present radio-telephone system installed ten years ago is now considered to be obsolete. Replacement and modification of this system is planned in the next financial year.

Civil Defence - Ambulance and First Aid Section:

The training of the Ambulance and First Aid Sections of the Civil Defence Corps requires the regular attendance at classes of qualified instructors from the Health Department.

Approximately 40 members, male and female, are attending a First Aid class instructed by the Deputy Medical Officer of Health and an Assistant Medical Officer of Health assisted by the Ambulance Superintendent and the Shift Leaders Mr. Stroud and Mr. Moore. In addition, an average class of 20 is regularly taken in Civil Defence background subjects by the Ambulance Department's qualified instructors.

At the end of December the strength of the Ambulance and First Aid Section was 88 women and 32 men. Of these, 19 women and 12 men have completed Standard Training and are in Class "A", 33 women and 6 men have completed Standard Training and are on the reserve, whilst 36 women and 14 men are taking training either in First Aid or Civil Defence subjects.

Several exercises were held during the year in conjunction with other sections of the Corps.

A new type of training was introduced this year consequent on Ministry of Health Circular 9/63 and regulations conferring on the Council the function of providing training in Home Nursing and first aid in accordance with a prescribed syllabus, in the first stage, to members of the Council's own staff. This training is usually given each Friday afternoon by the Deputy Medical Officer of Health, the Superintendent of Home Nursing and the Ambulance Superintendent, assisted by qualified First Aid instructors of the Ambulance Department. At the end of December, two sessions of this training had been completed comprising 13 women and 17 men.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Health Education:

At the end of 1962 the heads of sections of the department met to discuss the year's health education activities and to consider the programme for 1963. As in 1962, this was arranged so that some subjects would cover a period of two months and others one month. During the year special attention was paid to the following by means of poster displays in Health Department premises, press advertisements and statements to the press.

Coughs and sneezes; food hygiene; poliomyelitis vaccination; swimming; dental health; home safety; immunisation; clean air; smoking and lung cancer.

A tape recorder and a record player were purchased for use along with the film strip projector at lectures given by professional and technical members of the staff.

Special attention was given to the association between smoking and lung cancer. An eleven minute colour film entitled "Smoking and You" was borrowed from the Ministry of Health for a fortnight in August and for a week in December. It was shown to the employees of several industrial concerns and to the staffs of several Town Hall departments, the Police and the Fire Brigade.

A Clean Air Exhibition was held in the foyer of the Central Library during November and posters on this subject were displayed in the buses.

In April, a meeting was held between representatives of the Teachers' Associations and the Principal School Medical Officer and the Principal School Dental Officer to discuss health education in schools. Food hygiene posters were distributed for display in schools and school kitchens. Once again, dental hygiene and smoking and lung cancer posters were distributed for display in schools and leaflets on the same subjects were sent to the schools for the children to take home to their parents.

In May, a letter was written to the Secretary of the Bolton Chamber of Trade regarding the growing practice of retailers of selling cigarettes to school children. The film, "Smoking and You" was shown to pupils of the Secondary, Grammar, Technical and Modern Schools in July.

INVESTIGATION INTO SMOKING HABITS:

A small investigation was undertaken among adults and schoolchildren to ascertain their knowledge of the ill-affects of smoking and the effectiveness of the health education campaign. The 190 adults interviewed were selected at random from the electoral roll and the 166 schoolchildren similarly from the school medical record cards. Health visitors interviewed the adults. Head teachers or their representatives, interviewed the schoolchildren. Among other questions, all were asked the following:

"Do you think smoking can affect people's health in any way?"

"If 'Yes', in what way?" – (Without prompting)

It should be noted that in the second question they were not prompted nor were they specifically asked about the association between lung cancer and smoking. Therefore, the answers under-estimate those who were aware of this association.

	Number who considered smoking can affect health	Number who gave cancer as one of the ways it could do so
Of 104 Smokers	83 (80%)	15
Of 86 Non-smokers	77	25
Totals: 190	160 (84%)	40 (22%)
Children:		
Of 27 Smokers.. .. .	23	20
Of 139 Non-smokers	128	96
Totals 166	151 (88%)	116 (68%)

It will be noted that 80 per cent of the adult smokers considered smoking could affect health and from the answers given to the second question, by "affecting health" they meant adversely.

Of the 11 adult smokers who were smoking less than a year ago, 8 gave expense as one of the reasons and none gave fear of cancer. Of 18 non-smokers who had at one time smoked, 4 had discontinued because of expense and 1 because of fear of cancer.

With regard to the children, as the questionnaire was completed by head teachers or their representatives, it is likely that the number of non-smokers is a considerable over-estimate. However, the important point is that of the total of 166 children, 116 (68%), and 20 of the 27 smokers stated they were aware of the association between smoking and lung cancer.

Both adults and children know of the bad affects of smoking yet continue to smoke.

It would seem that it is not enough simply to give information on the association between cigarette smoking and lung cancer as many of those who know continue to smoke. What more can be done is, unfortunately, not clear.

I am very grateful for the help given by head teachers and health visitors in this investigation.

A Dental Health Exhibition similar to those arranged in previous years was held for one week during July and was visited by 1,200 school children.

The heads of sections again met at the end of the year to decide the subjects to which special attention should be paid during 1964.

Loan of Nursing Equipment:

Article	Number Available	No. issued during the year	No. in stock at 31st Dec. 1963
Bed Pans	158	218	11
Rubber Bed Pans	6	3	1
Urinals	104	97	2
Rubber and Plastic Sheets	491	317	12
Bed Rests	152	139	9
Air Rings	133	94	3
Bed Cradles	19	23	4
Draw Sheets	1,106	970	331
Pillow Cases - Cotton	38	3	36
Pillow Cases - Plastic	9	3	3
Towels	12	2	5
Pyjama Jackets	115	26	18
Pyjama Trousers	3	-	3
Blankets	19	1	14
Bedspreads	6	-	6
Single Beds	10	11	7
Cot - Senior	2	-	1
Cot - Junior	1	-	-
Iron Lifting Poles	6	3	5
" " " with wheels	2	1	-
Mattresses - Sectional, Dunlopillo	1	1	1
" " - Hair & Interior Spring	8	11	4
" " - Dunlopillo	15	7	2
Mattress Covers - Cotton	12	5	4
" " - Plastic	30	12	18
Pillows - Feather and Flock	15	4	12
" " - Dunlopillo	1	-	-
Chair Commodes	18	27	3
Tan Sad Invalid Chairs	55	42	1
Junior Invalid Chairs	7	-	-
Self-Propelled Chairs	3	-	1
Tripod Walking Sticks	13	12	1
Crutches	22	14	18
Bonaped Walking Aid	1	-	-
Pails (with lids)	66	122	2
Cushion - Float-on-Air	1	-	1
Biscuit Mattresses	2	-	-
Fracture Boards	11	11	3
Sani-Chair - Self propelled	1	-	1

[illegible]

Convalescent Home Accommodation:

During the year there were 18 applications for convalescence for adults. All applicants were interviewed as to their suitability for convalescence by medical officers of the department.

All 18 applicants were accepted for periods of two weeks and of these 14 were admitted to the Bolton and District Hospital Saturday Council's Homes at Blackpool and St. Annes-on-Sea. The remainder were sent to various other homes.

The Local Health Authority paid full fees for accommodation in all cases.

Chiropody:

Chiropody was provided for the elderly, the physically handicapped, and expectant mothers. The service has continued to grow since its inception on the 1st April, 1960, and sixteen sessions are held each week in the Welfare Department. The Old People's Welfare Council operate the service for old people and receive a grant from the Bolton Borough Council. The Health Committee provide free service for the physically handicapped, expectant mothers, and those on National Assistance. Other cases are charged 3s. per visit. A domiciliary service is available on their doctor's recommendation for those in the above classes who cannot travel to the clinic, and sitting case ambulance transport is available for those who cannot go by public transport. The number of cases treated at home has increased considerably since the service began.

The department is indebted to the very full co-operation given by the Old People's Welfare Council to whom I give my sincere thanks. The Welfare Committee and their Chief Officer, Mr. K. Davies, have also been most helpful in allowing the clinic to continue in the Welfare Department. My thanks are also due to Mrs. L. A. Crossley, the Honorary Secretary of the Bolton District Branch of the Society of Chiropodists for her very willing assistance.

The chiropodists have to work in very cramped conditions in the Welfare Department premises and it would be much more suitable for the patients and chiropodists if the clinics could be held within the Health Department; unfortunately this is impossible because of lack of accommodation, but the present unsatisfactory position cannot continue indefinitely.

Details of the numbers of treatments during 1963 are given below, together with the figures since the inception of the service.

Month	Number of treatments given at clinic					No. of treatments given at home	Total clinic and home treatments
	Free			Paying	Total		
	Aged	Handi-capped	Expectant Mothers	Aged			
January	344	26	—	329	699	129	828
February	328	26	—	353	707	109	816
March	385	27	—	356	768	139	907
April	357	27	—	368	752	118	870
May	488	27	—	419	934	147	1,081
June	317	34	—	300	651	156	807
July	226	18	—	202	446	77	523
August	395	31	—	381	807	156	963
September	324	18	—	317	659	132	791
October	443	48	—	392	883	125	1,008
November	390	31	—	364	785	173	958
December	375	30	—	331	736	131	867
TOTALS: ..	4,372	343	—	4,112	8,827	1,592	10,419
1962	3,969	338	1	4,147	8,455	1,279	9,734
1961	3,522	271	2	4,046		755	8,596
1960 (April - December) ..	1,753	199	1	3,247	7,841 5,200	333	5,533

During the year 212 new patients were treated at the clinic and 123 were treated at home. At the end of the year there were approximately 1,400 clinic patients and 230 domiciliary patients on the register. The average period between treatments is six to eight weeks.

HOME HELP

Owing to the extremely bad weather conditions at the beginning of the year, very heavy calls were made on the service. Many old people slipped on the icy pavements sustaining various injuries, causing them to be confined to the house if not to bed; the bronchitic and arthritic patients were frequently housebound, and there were several cases of pneumonia. To add to this, the home helps themselves had a high accident and sickness rate.

The recent Mental Health Act with its accent on care within the community is making more demands on the service, and the Children and Young Persons Act, 1963 may well lead to more calls on the Home Help Service since the Act states - "It shall be the duty of every local authority to make available such advice, guidance and assistance as may promote the welfare of children by diminishing the need to receive children into or keep them in care . . . or to bring children before a Juvenile Court and any provisions made by a local authority may . . . if it thinks fit include provision for giving assistance in kind or, in exceptional circumstances, in cash." The allocation of a home help to assist with advice, guidance and assistance to improve the condition of the child may prove to be a necessary step.

During the year several students from universities and other training bodies have spent varying amounts of time in the department.

The Organiser has given talks to several associations in the town including some of the "Over-Sixties" Clubs.

The number of households receiving help during the year totalled 1,469. Nine hundred and twenty-seven new applications were received, but in 262 instances, home help service was not given for a variety of reasons. The service is "permissive". The National Health Service Act, 1946 states that a local authority *may* provide a service, not that it *must*. (Incidentally, Bolton was one of the first authorities in the country to provide a home help service approximately forty-five years ago.) It is also permissive in that the local authority decides whether or not a person should have home help and if so, how much. It may well be that sons, daughters, relatives, friends or neighbours are able to provide the necessary help and care has to be taken to ensure that the Home Help Service does not cut out self-help, family help or neighbourly help.

Some applicants were under the impression that we were a domestic agency and were, in fact, entirely outside the scope of the service. Others felt that "Now I'm on the pension I want a home help!" Some were referred to other agencies; private domestic help was found in a number of cases; some required other services, e.g. district nursing; and others went to stay with relatives or were admitted to hospital before commencement of service.

Every application for help, whatever the source, whoever the applicant, is visited and assessed on its merits. It is not unusual to receive anonymous requests. More than 40 per cent of the requests for assistance continue to come from the patients themselves, from their relatives or their friends.

SOURCE OF APPLICATIONS: (Expressed in percentages)

General Practitioners	25.8
Self	22.5
Relatives	15.3
Health Visitors	11.3
Hospital Almoners	7.4
National Assistance Board	5.1
Welfare Officers	4.2
Friends	4.6
District Nurses	2.2
Children's Officer and Co-ordinating Committee	0.7
Mental Health Officers	0.9

Cases for whom help was provided during the last four years:

	1960	1961	1962	1963
Maternity	42	62	66	60
Tuberculosis	8	11	12	12
Chronic Sick, Aged and Infirm ..	1,190	1,293	1,292	1,305
Other cases	124	121	109	92
TOTALS ..	1,364	1,487	1,479	1,469

Payment for Service:

The maximum charge for the service is now 3s. 6d. per hour.

Summary of Payment for Service

	Free	Part Cost	Standard Charge
Maternity	6	19	35
Tuberculosis	12	—	—
Chronic Sick	1,131	61	113
Other Cases	61	5	26
TOTALS	1,210	85	174

Night Attendant Service:

Two night attendants carried out most of the duties with occasional volunteers from the home helps.

This service is provided so that a patient will not die alone and is purely an emergency service.

Special Family Help Service for Problem Families:

Seventeen families received free service from specially trained home helps. Conditions under which these helps work are frequently disheartening as in many cases no apparent progress is made. In three of the seventeen families, help has been suspended as it was felt they could manage on their own; in one case the mother died and the children are living with their grandparents; in another family the baby died. Temporary help is given in two families whenever there is illness as home conditions break down only when there is illness in the family. In one family all the children are now in care and help will be recommended immediately if and when the mother is able to return home and the children are restored to her.

Staff:

The training course continues to be held each Wednesday afternoon from September to March. This year 35 home helps attended, many of whom were morning workers only and attended the course in their own time. Very few of the home helps are untrained.

Talks were given by specialist lecturers including the Children's Officer, the Area Officer of the National Assistance Board, the Chief Mental Health Officer, the Welfare Officer, Senior Public Health Inspectors, and several others.

The Domestic Science Tutor handled budgeting, laundry, make do and mend, planning of cheap meals, cooking meals on one jet, invalid cookery, etc.

Elementary First Aid and Home Nursing was covered by the District Nursing Superintendent.

Visits were made to the Electricity and Gas Training Centres to see new and old equipment and especial stress was laid on the ability to recognise where danger may arise in the use of electrical and gas appliances.

MENTAL HEALTH

The proper care of the elderly mentally disordered has been a major problem in Bolton for several years. Many people have had to be admitted to mental hospitals simply because there was no other facility for caring for them. This situation was remedied, when on the 3rd December, Greenmount House was opened by Alderman Thomas Connor, J.P., the Mayor of Bolton. This hostel will provide a home for fifty elderly mentally disordered persons and is the first in the country to be specially built for this particular type of resident. Thus, Bolton continues to be among the leading authorities in its provision of services under the Mental Health Act.

During the year it was agreed that when the children at Park House Day Nursery were transferred to 'The Fine Spinners' and Doublers' Association's Day Nursery at Lowndes Street, the building should be adapted as a hostel for younger mentally subnormal patients such as those attending the Adult Centre or in employment. The premises will provide for twenty-two residents, eleven in each of two houses. It is hoped that the new hostel will be available by the autumn of next year.

Overcrowding in the Junior Training Centre rendered the provision of additional accommodation necessary but a survey of the existing site revealed that it is inadequate to cope with a centre of the size that will be required to cater for the estimated needs over the next ten years. It was decided, therefore, to make a change in the ten year plan and give priority to the provision of a new junior centre ahead of the second hostel for younger subnormals. By the end of the year, after much difficulty, a suitable site was located and negotiations were going ahead for the purchase of this site in order that building may commence during next year. When the new junior centre is provided, the building on the existing site can be demolished and this will then make room for the second hostel.

The Supervisor of the Adult Training Centre resigned in February and the replacement Supervisor most tragically died after only a few weeks' service. Further advertising failed to produce an officer of the quality required and by the end of the year the position was still vacant. Tribute must be paid to the remainder of the centre staff who maintained the high standard of training and production throughout the year bringing about an increase in production and enabling further trainees to be placed out in industry.

The increased demand for case work brought about by the community care principle of the Mental Health Act is increasing the demand for the services of mental welfare officers. With one officer away on a Course throughout the whole year, difficulties were experienced during times of sickness and holiday and at times, only a crisis service was in operation. This side of the service will need review in the near future to ensure that there are adequate officers to meet the demands of the service.

Staff:

One mental welfare officer was absent for the whole year studying for the certificate in Social Work of the Council for Training in Social Work. To enable the object of a fully qualified service to be achieved it is hoped that the Council for Training in Social Work will shortly announce alternative methods by which more mature students with relevant experience can become qualified without the necessity of being absent from duty for two years.

One trainee assistant supervisor from the Junior Centre returned from the National Association for Mental Health Diploma Course during the year and a further trainee was recruited for secondment to the Course in 1964.

Recruitment of staff for the new hostel at Greenmount House did not prove as difficult as had been anticipated. This was undoubtedly due to the high standard of accommodation provided for the Superintendent and Matron enabling a high standard to be set in selection for these key posts. They were able to take up residence well in advance of the opening of the hostel and were able to plan the running and staffing of the hostel without involving shift work.

The staff situation on the 31st December was:

SOCIAL WORKERS	<ul style="list-style-type: none"> { 1 Chief Mental Health Officer { 1 Senior Mental Welfare Officer { 3 Mental Welfare Officers { 1 Welfare Assistant
JUNIOR TRAINING CENTRE	<ul style="list-style-type: none"> { 1 Supervisor { 3 Assistant Supervisors { 2 Trainee Assistant Supervisors { 2 Part-time Guide Assistants { 2 Part-time Domestics
ADULT TRAINING CENTRE	<ul style="list-style-type: none"> { 4 Instructors { 3 Guide Attendants { 1 Cook { 2 Part-time Domestics
GREENMOUNT HOUSE	<ul style="list-style-type: none"> { 1 Superintendent { 1 Matron { 1 Assistant Matron { 7 Day Attendants { Evening Attendants (6 Part-time) { 5 (Night „ (6 Part-time) { 1 Chef { 1 Assistant Cook { 1 Domestic { 1 Part-time Domestic

Liaison:

Liaison between the local health authority's staff and the Consultant Psychiatrist to the Bolton group of hospitals, Dr. J. T. Leyberg, and his staff, is now very well established. Fortnightly conferences continue to be held at the hospital to discuss specific cases and to ease administrative problems, and there is ready exchange of information between the local authority and the hospital staff to smooth out any problems which arise.

Dr. D. J. Rose, Consultant Psychiatrist at Brockhall Hospital, retired during the year and was replaced by Dr. F. Kratter. A meeting was held at the hospital with Dr. Kratter and the existing arrangements for liaison with his hospital

and for the monthly clinic at the Health Department in Bolton were continued. Medical staff of the hospital conduct the clinic, and friendly relationships between them and the local authority officers ensures that the best service possible is provided for the subnormal and severely subnormal in this area.

With increasing community care of the mentally disordered, co-operation with other statutory and voluntary agencies and especially with the general practitioners, is very important. This can only be carried out by personal contact between the officers concerned and during the year co-operation was readily forthcoming.

Mental Illness

Hospital Admissions:

Total Number of Patients admitted to Psychiatric Hospitals

Method of Admission	Under 65 years		65 years and over		Total
	Male	Female	Male	Female	
Mental Health Act, 1959					
Informal	87	80	15	38	220
Section 25	11	29	2	10	52
Section 26	1	2	—	—	3
Section 29	22	23	6	2	53
Section 60	1	—	—	—	—
TOTALS	121	134	23	50	328

The total number of patients admitted to psychiatric hospitals during the year showed little change from the previous year. There was in fact a decrease of 3 per cent, but this is probably of little significance as the number of beds is still insufficient to meet the whole demand. A more rigid interpretation of the Act resulted in a decrease in the number of admissions under Section 29, acute emergencies, and an increase in the use of Section 25. During the last quarter of the year only seven cases were dealt with as acute emergencies under Section 29.

Ninety per cent of all admissions were to Townleys Hospital and 60 per cent of all admissions were informal.

Cases reported to Health Department for investigation:

	Under 65 years		65 years and over		Total
	Male	Female	Male	Female	
REPORTED BY—					
Medical Practitioners	50	53	15	33	151
Relatives	13	13	1	5	32
Police	7	11	1	1	20
Consultants and Hospitals	20	22	6	11	59
Others	12	21	3	7	43
TOTALS	102	120	26	57	305
DISPOSAL—					
ADMITTED TO HOSPITAL—					
Informally	29	17	7	13	66
Under Section 25 Mental Health Act ..	11	29	2	10	52
Under Section 26 Mental Health Act ..	1	2	—	—	3
Under Section 29 Mental Health Act ..	22	23	6	2	53
Under Section 60 Mental Health Act ..	—	—	—	—	—
On waiting list	—	—	—	—	—
Referred for Psychiatric Opinion	13	14	2	11	40
Placed under Community Care	8	19	3	9	39
Died	—	—	3	3	6
No further action required by Mental Health Service	18	16	3	9	46
TOTALS	102	120	26	57	305

There was no significant change in the number of cases reported to the Health Department for investigation or in the method of disposal of such cases. The majority of these cases are referred because it is considered that the patient is in urgent need of admission to hospital but in only 57 per cent of the cases was immediate admission necessary. Supportive case work continued at a high standard during the year and approximately the same number of visits were made as in the previous year.

	1962	1963
Visits to investigate cases reported ..	372	381
Community care visits	1,800	1,718
TOTALS	2,172	2,099

Psychiatric Social Club:

The Psychiatric Social Club continued quietly but effectively throughout the year, a committee of members under the Chairmanship of one of the mental welfare officers arranging a varied programme of speakers, discussions and films. No special efforts are made to influence members to continue attending the Club once they have been introduced, but the fact that a steady average attendance of forty people is maintained throughout the year indicates the value which the members place on attendance and meeting a group of people with whom they can discuss their problems.

Greenmount House:

Greenmount House was opened by the Mayor on the 3rd December and the first residents were admitted on the 9th December. By the end of the year there were 19 female and 6 male residents. Of the female patients 6 were by discharge from Townleys Psychiatric Unit and 4 were by discharge from Prestwich Hospital. Of the males 4 were by discharge from Townleys Hospital and 2 by discharge from Prestwich Hospital, one of the men having been in Prestwich Hospital for 50 years.

The object of the hostel is to provide a home from elderly persons who through mental disorder cannot manage on their own and have no relatives who are able or willing to care for them. It is the intention to make this a real home, not an institution, and the residents will be free to go out if they are able, or to occupy themselves as they would at home. There are four-bedded, three-bedded and single bedrooms but it is significant that among the first residents very few wished to sleep in single bedrooms and the four-bedded rooms were found to be the most popular unit. The hostel is staffed with attendants so that there are five attendants on duty each morning, four in the afternoon, two during the evening and two during the night. Medical care is provided by a general practitioner who is paid a retaining fee by the Committee to take a special interest in the residents. It is anticipated that the majority of the residents will ultimately transfer to the list of this general practitioner. The hostel was only just beginning to settle down by the end of the year but it was already obvious that many of the residents were improving both mentally and physically from the medical and supervisory care being provided, but it must be realised that none of these residents would receive the same care if they were discharged from the hostel, and they will mostly have to remain in the hostel as their home for the remainder of their lives. If they become fit and arrangements can be made, they will be returned to their own homes or transferred to Welfare accommodation.

Mental Subnormality and Severe Subnormality

Community Care:

Forty-one new cases were referred to the department during the year, a reduction of 4 over the previous year. After the steady increase in the rate of referral over the last few years, the figure seems to be steadying itself at approximately this year's rate.

Although the number of visits paid to the homes of this category of patient increased it is considered that much more can be done for the subnormal and severely subnormal and their families when more regular contact can be maintained with them. Where necessary frequent visits are made, but in many cases where there is no obvious indication of need, the family only receive one visit a year, and particularly when the child is already attending one of the training centres this visit tends to be rather perfunctory. More frequent contact between welfare officers, teachers and the patient's family could lead to more progress being made in training of the child and would bring to light more quickly the many problems which only appear after a very good relationship has been established between the parent and either the social worker or the teacher.

Of the 9 patients admitted to hospital for permanent care during the year only 2 were high grade patients, the remainder being severely subnormal. Of these two high grade patients one very shortly discharged himself from the



Greenmount House Hostel, Chorley New Road.



A Sitting Room, Greenmount House Hostel, Chorley New Road.

hospital and the other was discharged by the parents after a very short stay. Although 5 admissions were made from the waiting list further additions to the waiting list resulted in a net increase of 1 by the end of the year, leaving 12 cases still awaiting admission all in the category of severely subnormal.

The close liaison established with Brockhall Hospital for the subnormal and severely subnormal was continued by the new Medical Director of that hospital Dr. F. Kratter. The monthly clinic held in the Civic Centre, Bolton, by one of the consultants at Brockhall Hospital was continued and this proved of extreme value, in several cases leading to short term hospital care both for the relief of relatives and for further observation of the patients. Most facilities are now available for the subnormal and severely subnormal with the exception of the provision of long-stay accommodation in the hospital for the very severely handicapped and until this need is met, distress will continue to be caused to many families. There is every indication that there is a slight increase in the number of severely subnormal patients with added physical handicaps, probably due to the fact that more brain damaged children are now surviving to a later age.

In addition to visits by the mental welfare officers one of the medical officers of the department visited those patients not in employment and not attending the training centres, but again due to shortage of staff it was not possible to give complete coverage to this category of patient during the year. The total number of visits to the mentally subnormal carried out were:

	1962	1963
To those under community care ..	796	1000
At the request of hospitals	133	178

Mental Health Act, 1959

Cases Referred to Health Department for Investigation

NEW CASES REPORTED BY -	MALE	FEMALE	TOTAL
Local Education Authority			
Section 57 Education Act, 1944	3	6	9
E.S.N. School Leavers	11	7	18
Consultant Paediatrician	1	2	3
Others	-	3	3
Cases previously reported requiring further action	3	5	8
TOTALS	18	23	41

DISPOSAL OF ABOVE CASES

Admitted to Hospital informally	3	5	8
Admitted to Hospital Sec. 61 Mental Health Act, 1959	-	1	1
Admitted to Junior Training Centre	3	3	6
Admitted to Adult Training Centre	1	2	3
Waiting List - Hospital	1	1	2
Waiting List - Special Care Unit	-	3	3
Community Care	-	3	3
No further action required at present ..	10	5	15
TOTALS	18	23	41

Number of Subnormal and Severely Subnormal Persons receiving care on the 31st December, 1963.

	MALE	FEMALE	TOTAL
In hospitals	92	96	188
Community Care	155	136	291
TOTALS ..	247	232	479

Classification of Severely Subnormal Persons awaiting Hospital Care on 31st December, 1963

	Under 16 years		Over 16 years		Total
	Male	Female	Male	Female	
IN URGENT NEED:					
Cot and chair cases	-	1	-	-	1
Ambulant	1	1	-	-	2
NOT IN URGENT NEED:					
Cot and chair cases	1	4	-	1	6
Ambulant	2	-	-	1	3
TOTALS	4	6	-	2	12

Junior Training Centre:

The high standard of training in the Junior Centre was maintained and the recruitment of another trainee supervisor should ensure that staffing needs are adequate for some considerable time. The building, however, was unsuitable and a survey during the year revealed the existing site is not adequate to provide a centre of the proportions which will be required to cater for the need over the next ten years. Plans are therefore going ahead for the provision of a new centre on an alternative site.

On the 31st December there were 34 males and 26 females on the register and the average daily attendance was maintained during the year at a satisfactory standard. The provision of additional cloakroom and toilet space helped to ease some of the problems, but the major problem of heating still remains. This problem was particularly emphasised during the very severe winter in the early months of 1962 and helps to emphasise the unsuitability of the present building for its purpose.

A wide variety of outside interest is maintained in the social training of the children and several visits were made to places of local interest such as the Fire Station. Day coach trips were arranged for the children and these were thoroughly enjoyed. The clergy of St. Thomas' Church, Halliwell, continued to take an active interest in the centre and in addition to holding the Harvest Festival Service and the Christmas Nativity Play in the centre, the children went to St. Thomas' Church to hold their annual Carol Service.

Adult Training Centre:

The number of trainees on the register of the Adult Centre went up by ten during the year to 32 males and 20 females. The Supervisor resigned in February and another appointment of Supervisor only lasted for four weeks before the untimely death of the person appointed. This meant that for most of the year the centre functioned without a Supervisor but in spite of this it continued to flourish and the way in which the training and production progressed was a tribute to the remainder of the staff. In addition to the usual lines of clothes props, seed boxes, firewood bundling, making scatter cushions etc. considerable development was made of other lines utilising the waste products from local mills such as towel fents and bedding fents. These were made up into useful articles by the use of straight sewing on electric sewing machines, and by the end of the year one of the girls had been found work in an outside factory on this type of work. A wide variety of work was maintained on the outside of the building, both in the greenhouses and in the use of concrete. The sub-contract job producing bar spacers for the reinforced concrete industry continued, and by using the same principle, ornamental garden bricks were produced in large quantities. In view of the increased production of the centre and the consequent increase in income, the Health Committee approved that trainees could be paid up to one pound a week according to their labour, effort, punctuality, behaviour etc.

Due to the shortage of properly trained staff and Supervisor, little progress was made in the social training of the trainees. The importance of this, however, has not been forgotten and efforts will be made as soon as staff is available to continue the social training of those attending the adult centre, particularly those who have recently moved up from the junior centre.

Another five trainees from the centre were placed into open industry during the year. One of them who had spent a considerable length of time in a hospital for the mentally subnormal was placed in the job of residential domestic in the hostel for the elderly mentally infirm opened at the end of the year. Recreational activity continues to be an essential part of the variety of training and one hour each day is put aside for this purpose. In addition the monthly social club run on Wednesday evenings in co-operation with the Parents' Association, was very well attended.

In May, a party of 30 trainees went on the usual annual holiday to St. Annes-on-Sea where they enjoyed a pleasant week and the way they were able to fit into a hotel with other residents was a tribute to their training.

Special Care Unit:

On the 31st December, three trainees from the register of the adult centre and nine trainees from the register of the junior centre were being cared for in the Special Care Unit. In addition there were three severely subnormal children with physical handicaps awaiting admission and it is known that there are quite a number of similar cases who will come to notice during the next few years. This particular unit was designed to cater for the older severely subnormal person who could be occupied with simple routine occupations and a certain amount of training carried out, but because of need is predominantly occupied now by the younger severely subnormal with additional severe physical handicap. This group of younger patients requires large scale apparatus and plenty

of room to move around and training is therefore of necessity very restricted for this group, except during good weather when they can be taken outside to use the open space available in the patio. Special attention and consideration must be given to providing adequately for and equipping accommodation for this group of persons in the new junior training centre. The physiotherapist continued to visit the unit regularly and those who have been attending now for a considerable length of time have showed benefit from receiving this treatment. Of the nine trainees from the register of the junior centre in the special care unit, only two are on the waiting list for permanent hospital care and this indicates the willingness of parents to try and shoulder their responsibilities provided they are given active support from the Local Authority services.

**REPORT OF THE MEDICAL OFFICER OF HEALTH TO THE
HEALTH COMMITTEE ON THE DEVELOPMENT OF LOCAL
AUTHORITY HEALTH AND WELFARE SERVICES**

ANNUAL REVISION OF PLANS

Ministry of Health Circulars 2/62 and 6/63.

Circular 6/63 states that the Minister's Report "Health and Welfare: the Development of Community Care", presents in summary form the plans which local authorities prepared during 1962 at the Minister's request. The report includes an analysis of the contents and aims of the principal services including tentative suggestions for their future development during the next ten years. Authorities are asked to look at their own plans afresh in the light of the analysis and carry them forward one year until 31st March, 1974.

In preparing the revision, consultation has taken place with the Regional Hospital Board, Bolton Hospital Management Committee, the Local Executive Council and the Local Medical Committee.

The Minister's report "Health and Welfare" gives the following populations for Bolton.

	1962	1967	1972
Population, all ages	160,650	159,600	157,600
Population, aged 65 and over	20,100	20,800	22,000

The figure for population aged 65 and over in 1972 – 22,000 – is 800 less than that given in the report to the Health Committee in Bolton's Ten Year Plan last year, but is not considered of sufficient significance to alter the inferences drawn from population.

To deal with each service in turn –

SECTION 21 – HEALTH CENTRES:

There is still no indication that health centres will be required in Bolton. Discussions are to take place with the general practitioners.

SECTION 22 – CARE OF MOTHERS AND YOUNG CHILDREN:

The suggestions for improved liaison with the Consultant Paediatrician mentioned in my report to the Health Committee last year have now been implemented. One of our Assistant Medical Officers attends the Consultant Paediatrician's weekly clinic at the General Hospital where he sees handicapped children, and the Consultant Paediatrician holds a weekly consultative clinic in the Civic Centre.

Bolton is served by the following clinic premises –

CIVIC CENTRE – a good clinic where all types of health department clinic sessions are held.

ASTLEY BRIDGE – converted council offices used jointly for school and health clinics.

THE WITHINS – a converted house used for school and health clinics.

Child welfare clinics are held in nine church hall premises throughout the town. These are unsatisfactory in various degrees but have to be accepted as the best available.

New clinics are required in –

1. The Lever Edge Lane district. This would be a combined health and school clinic serving the local population, and also the large number of school children attending the Hayward school base. The attempt to adapt existing premises has not been fruitful. Attempts to find existing premises which can be adapted at a cost of £10,000 will continue.

2. There will be a need for a fairly large clinic serving both health and school purposes in the Halliwell area. A site has not yet been fixed. It will depend on the extent of slum clearance and the use of the land made available following slum clearance. The clinic would either be on part of the land which is cleared by slum clearance or further from the centre of the town toward Smithills Schools. There is no urgent need for this clinic at the moment. It might be built say in six years. The present cost would be approximately £32,100.

3. A clinic is likely to be required eventually on the Brightmet Estate. This has not been included in the present plan.

SECTION 23 – MIDWIFERY, INCLUDING EXPENDITURE AS LOCAL SUPERVISING AUTHORITY:

In 1962 in Bolton, the total births again increased slightly and the domiciliary births to a greater extent as shown in the following table.

	1959	1960	1961	1962
Total Births . .	2,426	2,697	2,738	2,759
Domiciliary	453	544	575	617

The forecast last year of the need for an additional midwife in 1963/1964, making 10, a second in 1966/1967, and a third in 1969/1970, giving a total of 12, gives roughly a case load of 55 deliveries a year and 0.08 midwives per 1,000 compared with 0.13 per 1,000 population for England and Wales forecast in local health authority plans. The number of midwives employed in Bolton is low because of the large number (80%) of Bolton mothers who are delivered either in hospital or in the maternity homes.

SECTION 24 – HEALTH VISITING:

In recent years in Bolton there has been improved co-operation between general practitioners and health visitors, the present position being that the health visitors are visiting regularly, at least weekly, 9 surgeries where they see 17 general practitioners. In addition, two different health visitors are attached almost full-time to two different group practices, i.e. one to each. As far as can be seen, the present establishment of 43 health visitors should be adequate. This gives a figure of 0.18 per 1,000 population in Bolton compared with 0.15 per 1,000 average for England and Wales. Some authorities in Lancashire propose much higher numbers than this.

SECTION 25 - HOME NURSING:

The factors mentioned in the Plan last year continue to operate. The number of cases and visits have again decreased but the work has become heavier because of the increased number of old people who require more nursing assistance than younger patients, many of whom are given short treatments such as injections.

In 1959 the district nursing establishment was reduced by 2 and additional transport and telephones provided. In July, 1962 the nurses' holidays were increased from four to five weeks. This is the equivalent of the work of about half a nurse. Because of the heavier work and additional holidays the establishment should be increased by one next year and by a total of three in 1972, the second additional nurse being provided somewhere between 1964 and 1972.

SECTION 26 - VACCINATION AND IMMUNISATION:

It is impossible to predict any change in the arrangements.

SECTION 27 - AMBULANCE SERVICE:

The ambulance station is unsuitable in many ways. Provision has been made for its replacement in 1973/1974 although the starting date will depend on the town centre redevelopment programme. The numbers of vehicles and staff should be adequate during the next ten years if there is no increase in the number of patients to be carried or mileage run.

SECTION 28 - PREVENTION OF ILLNESS, CARE AND AFTER-CARE (EXCLUDING MENTAL HEALTH):

1. THE CHIROPODY SERVICE continues to expand. It is essential that it should be moved from the present inadequate and overcrowded rooms in the Welfare Department, if possible, to rooms on the ground floor of the Civic Centre. To allow this to be done, additional accommodation for health department clerical staff would be required. Treatment would also be given in the proposed new clinics in Lever Edge Lane and Halliwell.

2. MENTAL HEALTH

(a) MENTAL WELFARE OFFICERS

The present establishment is -

- 1 Chief Mental Health Officer
- 1 Senior Mental Welfare Officer
- 3 Mental Welfare Officers
- 1 Welfare Assistant

An increase of one mental welfare officer will be necessary from 1st April, 1964. In due course it is hoped that all staff will hold appropriate qualifications.

(b) TRAINING CENTRES

JUNIOR TRAINING CENTRE - The Junior Centre in an adapted pre-fabricated day nursery which accommodates 53 children is now full. Substantial extra provision is required. The heating facilities in this building are inadequate. The gas and electrical services have been stretched to their fullest extent without satisfactory improvement, and insulating the building would be uneconomic. The Borough Architect has reported that

the building is inadequate for its purpose as a Junior Training Centre. He considers that the existing site will not accommodate a Junior Centre of the proportions that will be necessary to meet the need within the next few years.

The Local Medical Committee considers that there are insufficient places in the Centre at present, and that the position will be worse in 1972. The Ministry of Health Advisory Mental Welfare Officer visited the Centre in February, 1963. The following is an extract from her report:

“Junior Training Centre

With the steady increase in the number of children attending the Junior Training Centre the existing premises are clearly inadequate; proper classification of the children into groups is restricted by too few class-rooms and toilet facilities are inconveniently sited. It is recommended that early consideration be given to the planning of a new purpose built Junior Training Centre.

Special Care Unit

Some expansion of the Special Care Unit appears desirable to meet proved need and this should be considered in relation to the plan for the new Junior Training Centre now recommended.”

A site is therefore being sought on which to build a Centre for 95 children, including a Crèche Unit for under five year olds and a special care unit for severely subnormal children with multiple disabilities.

ADULT TRAINING CENTRE

The Adult Centre is satisfactory. It is hoped that a Senior Assistant Supervisor will be appointed within the next two years.

(c) HOSTELS

The hostel for 50 elderly mentally disordered persons will be opened in December, 1963. Suitable premises will shortly be available for adaptation as a hostel for 22 subnormal persons and will be ready during 1964/1965. The hostel will provide separate dormitory accommodation and will therefore be available for both sexes. This will enable the new Junior Centre to be given next priority and the second hostel for 24 subnormal persons can be built on the site vacated by the present Junior Centre. When experience has been gained on the adequacy of the three planned hostels, provision of further hostels can be considered. Small groups of younger mentally ill persons may fit in to the hostels for the younger mentally subnormal for a period of rehabilitation, but it seems likely that there will be a need for one or possibly two small hostels for the mentally ill, e.g. in ordinary houses.

(d) SHELTERED WORKSHOPS FOR THE MENTALLY ILL

The need is met at present in the therapy unit of the Psychiatric Department at the Bolton District General Hospital. When hostel accommodation has been provided it will be necessary to consider whether workshop facilities should be provided by the local authority for the mentally ill living in the community. Meanwhile, they have not been included in the plan.

SECTION 29 - DOMESTIC HELP:

Although the number of equivalent full-time home helps has been increased from 94 to 100 in 1959, 105 in 1961/1962 and 109 in 1963/1964, the number employed is still inadequate. Cases on the books have increased from 739 in February, 1959 to 955 in August, 1963. With more domiciliary midwifery there has recently been a rise from 42 in 1960 to 66 in 1962 in the number of maternity cases receiving help. This trend is likely to continue. Mental health cases will also increase. Medical and surgical cases are also likely to be discharged earlier from hospital and will require intensive home help for short periods. It would seem that at least an additional 5 helps should be employed in 1964/1965. Allowing for the expected increase in the number of old people in Bolton in 1972, 131 home helps will be required with corresponding increases in the intervening years. This will give a figure of 0.73 per 1,000 compared with 0.87 for England and Wales.

WORK STILL REQUIRING TO BE DONE AFTER THE END OF THE TEN YEAR PERIOD:

Possibly additional hostels for the mentally ill will be necessary.

Possible clinic on Breightmet Estate.

SUMMARY:

The Plan is essentially the same as that presented last year with the following two additions.

1. New 95 place Junior Training Centre.
2. New Ambulance Station.

A. I. ROSS

Medical Officer of Health.

November, 1963

PART III

CONTROL OF INFECTIOUS DISEASES

Notifiable Infectious Diseases

Tuberculosis

Venereal Disease

NOTIFIABLE INFECTIOUS DISEASES

Incidence:

The following summary gives the number of cases of notifiable infectious diseases, other than tuberculosis, which have been notified or otherwise ascertained.

Disease	Total Cases Notified	No. of Cases after Correction	Ascertained Cases
Anthrax	—	—	—
Diphtheria	—	—	—
Dysentery	91	97	10
Acute Encephalitis	—	—	—
Enteric Fever (including Paratyphoid)	1	1	—
Erysipelas	10	10	—
Malaria	1	1	—
Measles	2,193	2,193	—
Meningococcal Infection	—	—	—
Ophthalmia Neonatorum	1	1	—
Pneumonia—			
Acute Primary	81	81	—
Acute Influenzal	16	16	—
Acute Poliomyelitis—			
Paralytic	1	1	—
Non-Paralytic	2	1	—
Puerperal Pyrexia	1	1	—
Scarlet Fever	66	66	—
Smallpox	—	—	—
Whooping Cough	55	55	—
Food Poisoning	63	62	4

The following table gives the number of notifications of notifiable diseases, after correction of diagnosis, during each of the last ten years.

Disease	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
§Anthrax	—	—	—	—	—	—	—	—	—	—
Diphtheria	1	1	—	—	—	—	—	—	—	—
Dysentery	615	154	851	167	187	237	509	229	331	97
Acute Encephalitis	3	3	2	2	1	—	1	—	—	—
Enteric Fever (including Paratyphoid)	2	5	—	—	—	6	1	1	2	1
Erysipelas	34	30	32	22	21	19	7	10	3	10
Malaria	*1	*1	1	—	—	1	1	1	1	1
Measles	672	2205	714	2793	111	1797	1058	2708	576	2193
Meningococcal Infection	4	1	3	7	1	2	4	1	—	—
Ophthalmia Neonatorum	2	2	3	4	2	—	—	—	—	1
Pneumonia									1	
Acute Primary	123	123	145	153	136	103	79	79	65	81
Acute Influenzal	33	20	13	151	19	74	4	63	30	16
Acute Poliomyelitis										
Paralytic	1	7	8	4	3	—	1	15	1	1
Non-Paralytic	—	2	6	12	3	3	—	10	—	1
Puerperal Pyrexia	2	5	5	6	4	3	2	1	2	1
Scarlet Fever	149	74	94	131	278	262	186	89	59	66
Smallpox	—	—	—	—	—	—	—	—	—	—
Whooping Cough	167	244	319	73	40	100	179	147	2	55
Food Poisoning	66	53	1129	215	150	181	59	57	66	62

§Notifiable from 1st December, 1960.

*Induced for therapeutic purposes.

Deaths from Infectious Diseases, 1954 - 1963 inclusive:

Disease	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Diphtheria	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	2	-	-	-	-	-	-	-
Diarrhoea and Enteritis under 2 years of age ..	1	-	1	-	-	-	1	1	1	3
Acute Encephalitis	2	4	-	-	-	-	-	-	-	-
Enteric Fever (including Paratyphoid)	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-
Measles	-	1	1	-	-	2	-	-	-	-
Meningococcal Infection ..	-	1	1	-	-	-	-	1	1	-
Ophthalmia Neonatorum ..	-	-	-	-	-	-	-	-	-	-
All forms of Pneumonia ..	51	69	65	127	92	107	110	114	122	146
including—										
Acute Primary Pneumonia	16	20	16	27	25	12	18	14	23	19
Acute Influenzal ..	3	3	1	17	2	7	6	31	15	5
Acute Poliomyelitis	-	2	-	-	-	-	-	-	-	-
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-
Food Poisoning	-	2	-	-	-	-	-	-	-	-

Diphtheria:

The last case in the borough occurred in 1955. 1963 is the eighth successive year in which there has not been a case.

Dysentery:

The number of cases was 97, less than one-third of the number in 1962. This is a remarkably low figure, but dysentery has at times been so widespread amongst children that it would be premature to attach any significance to this reduction.

Enteric Fever:

One case of paratyphoid fever was notified during the year. This was a boy of nine years and the case appeared to be an isolated one.

Malaria:

One case occurred. It is believed that this was contracted abroad.

Measles:

Measles was prevalent during the winter of 1962-1963. There were 479 notifications during the last quarter of 1962, 1,490 during the first quarter of 1963, and 540 during the second quarter. Thereafter notifications were low but the picture at the beginning of the year meant that overall there were 2,193 notifications of measles in 1963.

Whooping Cough:

It may be recalled that in 1962 the number of whooping cough notifications reached the exceptionally low figure of two. In 1963 there were 55 notifications. This is still quite a low figure and compares favourably with the figures for the last few years.

Poliomyelitis:

Two cases of poliomyelitis occurred during the year. One case was paralytic and the other non-paralytic.

Food Poisoning:

The number of individual cases notified was almost the same as in 1962 - 62 compared with 66. A further four cases were ascertained in other ways.

The only outbreak notified was a minor family outbreak affecting only three people. It is satisfactory to note that for the second successive year there have been no outbreaks of food poisoning associated with restaurants, canteens or other catering establishments.

Brucellosis:

During the course of the year a man who contracted fever due to brucella abortus was advised by his medical practitioner to inform the Health Department. On enquiry it was found that the milk supplied to this man's home was raw T.T. milk (i.e. not pasteurised). This milk was obtained from two farms in the Borough. Grouped samples of milk from both farms gave a positive Brucella Ring Test, indicating that at least some of the animals had brucellosis and were passing the infection in their milk. Pending further examination, notices were served in accordance with Regulation 20 of the Milk and Dairies (General) Regulations, 1959, prohibiting the sale of milk from these farms unless it was heat treated (i.e. pasteurised).

The infection was then traced to two cows on one farm and one cow on the other farm. All three cows were sold for slaughter and after further sampling of the milk the restrictions on the sale of raw T.T. milk were removed.

This case illustrates a number of points. Although the number of cases of brucellosis in human beings is small, it can be a long lasting and debilitating infection. Brucellosis is not a notifiable disease but this case shows the usefulness of human infections being notified to the Medical Officer of Health. Compulsory notification would assist in the elimination of brucellosis. As long as dairy herds are infected with brucellosis there is a risk of human infection through drinking raw milk. It may be possible in time to eliminate brucellosis from cattle, but until then pasteurisation is a useful safeguard.

General Administration of the Control of Infectious Diseases:

Public health inspectors carried out 305 visits, and health visitors 112 visits, to make enquiries concerning infectious diseases.

The number of pathological specimens sent for examination to the Department of Pathology at the Bolton Royal Infirmary was 1,552. The types of specimens examined, and the results obtained, are shown in the following table:

Type of Specimen	Pathogenic Organism Found	No. of Specimens
Faeces	Sh. Sonnei	25
	Salmonella typhimurium	8
	Other Salmonellae	11
	Staphylococcus aureus	2
	Negative results	1,506
	TOTAL	1,552
Ear, Nose and Throat Swabs Sputum	.. .. .	5
	.. .. .	2
	GRAND TOTAL ..	1,559

It was not necessary to serve any notices under the Public Health (Infectious Diseases) Regulations, 1953.

The following table shows the number of persons to whom special attention was directed in view of the fact that their occupation involved a higher risk of infection to others.

Category	Examinations for	
	Sonne Dysentery	Other Intestinal Infections
FOOD HANDLERS		
Positive	—	—
Negative	17	28
NURSERY STAFF		
Positive	—	2
Negative	6	15
NURSING AND AMBULANCE STAFF		
Positive	—	—
Negative	1	4
SCHOOL STAFF		
Positive	—	1
Negative	—	—
HOME HELPS		
Positive	—	—
Negative	6	5
TOTALS ..	30	55

One certificate was issued in accordance with the authority given to the Medical Officer of Health under Ministry of Health Circular 115/48 for the purpose of claiming National Insurance sickness payments in respect of one carrier of infectious disease who, because of the nature of her employment, was in a position to spread infection.

I would like to thank the staff of the Pathological Laboratory at the Bolton Royal Infirmary for their help in examining specimens and assistance in the interpretation of the findings.

TUBERCULOSIS

Dr. John Mitchell, Consultant Physician, has kindly supplied the following information.

Notifications:

AGE AND SEX DISTRIBUTION OF NOTIFIED CASES:

Respiratory Tuberculosis

Age Periods	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages)
Males	-	-	-	-	-	1	3	5	7	7	7	6	4	40
Females .. .	-	-	-	-	-	1	6	2	3	1	-	-	-	13
TOTALS .. .	-	-	-	-	-	2	9	7	10	8	7	6	4	53

Non-Respiratory Tuberculosis

Age Periods	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages)
Males	-	-	-	1	-	-	1	-	2	1	-	-	-	5
Females .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS .. .	-	-	-	1	-	-	1	-	2	1	-	-	-	5

The number of cases on the tuberculosis register at the end of the year was 357 -

	MEN	WOMEN	CHILDREN	TOTAL
Respiratory tuberculosis .. .	175	139	6	320
Non-Respiratory tuberculosis ..	15	12	10	37

Deaths:

Respiratory Tuberculosis

Age Periods	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages)
Males	-	-	-	-	-	-	-	-	-	2	2	3	-	7
Females .. .	-	-	-	-	-	-	-	-	-	-	1	-	-	1
TOTALS .. .	-	-	-	-	-	-	-	-	-	2	3	3	-	8

Non-Respiratory Tuberculosis

There were five (2 male and 3 female) non-pulmonary notifications after death.

Summary of the Work of the Chest Clinic:

	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
No. of new cases notified.. . . .	96	87	87	90	101	89	63	60	82	62	57
No. of deaths	24	26	18	16	14	16	10	10	13	8	10
No. of attendances of new cases	1,144	1,127	1,217	1,624	1,722	1,682	1,395	1,223	1,082	1,126	1,262
No. of cases referred from Mass Miniature Radiography Units	10	49	463	20	18	30	235	119	105	176	242
B.C.G. Vaccinations..	89	94	84	125	96	129	151	179	129	121	145
Total attendances at clinic	6,745	7,254	6,901	6,510	5,674	5,078	4,328	3,679	3,302	3,404	3,552
No. of contacts examined	438	401	463	749	689	866	606	608	447	416	529

Of the 529 contacts examined, 2 had active pulmonary tuberculosis.

General Comment:

There were 58 new cases of tuberculosis notified during 1963 – 4 fewer than last year.

Thirteen patients died of tuberculosis during the year – 5 more than last year.

There are now only 8 patients (7 males and 1 female) with persistently positive sputa. Of these, 7 have acquired resistant organisms.

During the year 145 B.C.G. vaccinations were carried out at the Chest Clinic.

Care and After-Care of Patients suffering from Tuberculosis:

Responsibility for the care and after-care of patients suffering from tuberculosis was placed on the Local Health Authority under Section 28 of the National Health Service Act, 1946.

The close co-operation of the Chest Clinic staff and the Health Department staff enables this to be operated efficiently.

The After-Care Panel consists of the medical officers of the Chest Clinic and of the Health Department, together with a representative of the Housing Department and a health visitor who works in the Chest Clinic, meetings being held as and when necessary, usually every six or eight weeks.

AFTER-CARE PANEL:

Six meetings of the above panel were held during the year and cases were discussed when first notified and subsequently on discharge from hospital and at intervals if necessary. Fifty-four new cases were discussed and fifty-seven old cases on discharge from hospital.

In this way, all the resources of the Chest Clinic, Health Department and Housing Department and other sources of help and rehabilitation were co-ordinated to secure all possible help to patients. Treatment cannot be considered complete until the disease is arrested and the patient successfully established in satisfactory and suitable employment again.

REHOUSING:

Much of the work of the above panel concerned applications for rehousing on the grounds of tuberculosis. Each application is carefully considered and the need for priority assessed in the light of degree and present activity of the disease, accommodation needed and present surroundings etc., before a recommendation is made to the Housing Department. During the year fourteen recommendations were made and fresh accommodation was provided during the year for thirteen cases.

FINANCIAL ASSISTANCE:

This is mostly obtained through the National Assistance Board though some persons who do not qualify for it are recommended to voluntary bodies.

Persons who are granted National Assistance draw a basic allowance plus a supplementary scale of pay in accordance with their degree of disability.

OTHER AFTER-CARE ACTIVITIES:

The Home Nursing Service undertook the care of 126 patients in their homes, most of them requiring streptomycin injections daily. Many others attended the Health Department for their injections when able to, and when allowed to go about, especially those who had returned to work, and received the injections in the evenings.

Thirty-two patients were visited during the year by home helps.

Patients' children can be looked after in nurseries whilst the parent undergoes treatment in hospital.

Sick room equipment is loaned free of charge.

HEALTH VISITOR:

There is one full-time health visitor who paid 675 visits to patients' homes during the year. In addition there is one clinic nurse (six sessions a week). She does important work in supervising the home conditions, ensuring the patient takes the prescribed treatment regularly and observes strict hygiene to avoid transmission of the infection. Moreover she gave advice on many subjects and encouragement where indicated.

Close contact was maintained between the Disablement Rehabilitation Officer and the Chest Physician for rehabilitating patients in suitable work.

B.C.G. Vaccination:

This protection against infection was offered to certain contacts, mostly children, and especially babies. During the year there were 256 skin tests performed in the Chest Clinic in this connection and 145 vaccinations were given to babies and older children.

Contact Clinics:

Special evening clinics are held monthly or two monthly if necessary at which contacts of known cases of tuberculosis come to the clinic for X-ray and examination by the doctor.

During the year 523 cases were examined and only two were found to be requiring treatment or close observation.

SCHOOL CHILDREN WITH POSITIVE TUBERCULIN TESTS:

Following the Ministry of Health circular of 18.2.60 recommending observation of school leavers found to have strongly positive tuberculin tests, a weekly session was continued. As these tests indicate an infection which may be recent and perhaps likely to develop, these children were examined and X-rayed and where possible their close contacts also.

No cases were found requiring treatment though many showed X-ray evidence of healed infection. Most of them were very well and some were known contacts of known cases. Most will be reviewed annually for two years or three years until the value of this follow-up has been determined in the light of experience.

During the year, one school child – a contact of the 1961 cases in a school – developed active tuberculosis and is progressing well on treatment. A repeat survey in a school where a staff member had developed this disease revealed no cases.

Tuberculosis among Pakistanis and Indians:

The increasing number of Pakistanis and Indians in the town raised special problems, particularly in regard to ensuring correct treatment in spite of language difficulties. There are probably several hundred in the town and fifteen needed hospital treatment during the year.

B.C.G. Vaccination of School Children and Students:

There has been an increase of 31% this year in the number of children over twelve years of age whose parents consented to B.C.G. vaccination. The Heaf Gun multiple puncture method was used for skin testing and freeze dried vaccine was used for the vaccination.

The total number of consents received was 2,225, and 2,027 children were skin tested – an increase of 33% over the number of skin tested last year. There were 198 absentees and 94 were absent for the reading of the skin test. Of those tested, 1,651 were Mantoux negative and 282 Mantoux positive – increases of 35% and 15% respectively over last year's figures. Of the Mantoux positive, 71 were strongly positive and were followed up at the Chest Clinic to be kept under observation and for chest X-ray.

Analysis of Positive Reactors by Age Groups

Age Group	Total Number of children	Number Positive	% Positive
12 years	1	–	–
13 years	987	123	12.46
14 years	767	117	15.25
15 years	172	40	23.25
16 years	5	1	20.00
17 years	1	1	100.00
TOTALS	1,933	282	14.58

B.C.G. vaccination of school children in Bolton began in 1954 and the first ten years of the scheme has therefore been completed. The number of children skin tested in each year and the percentage who gave a positive response is shown below.

YEAR	NUMBER SKIN TESTED	% POSITIVE
1954	836	34.9
1955	1,525	35.6
1956	1,118	31.2
1957	1,771	27.4
1958	1,858	29.7
1959	1,918	18.6
1960	2,548	15.0
1961	2,063	16.0
1962	1,527	16.7
1963	1,933	14.6

On the whole the number of children has increased. Fluctuations in the last few years have arisen because it has not always been possible to complete the work in the Autumn Term, with the result that in some years part of the work has been carried forward into the Spring Term of the following year. The percentage of children showing a positive response has declined very substantially. This indicates that the extent to which children are in contact with the infection is now much less than it was some years ago, and this is a very welcome improvement.

STUDENTS:

B.C.G. was again offered to students attending further education courses. The response was very poor. There were six students who consented, and of these five were actually skin tested. Four of these proved to be Mantoux positive and the one who was Mantoux negative was given B.C.G.

Mass Miniature Radiography Survey in Bolton:

I am indebted to Mr. N. Hall, the Organising Secretary of the No. 4 Mass Miniature Radiography Unit, for sending me the results of the survey, which are shown in the following tables.

Examinations carried out in Bolton during 1963.

	MALE	FEMALE	BOTH SEXES
General Practitioner Referrals	430	437	867
General Public Volunteers	3,620	3,976	7,596
Factories/Offices	3,490	1,679	5,169
Others	250	497	747
TOTALS	7,790	6,589	14,379

The numbers compared with previous years are:

	1948	1955	1959	1960	1961	1962	1963
General Public	2,296	14,640	10,624	6,672	5,282	4,984	7,596
Factories/Offices	22,748	29,830	10,905	3,631	1,405	6,546	5,169
Others, including those referred by general practitioners	2,280	6,060	938	487	4,900	536	1,614
TOTALS ..	27,324	50,530	22,467	10,790	11,587	12,066	14,379

Significant Abnormalities (Distribution by Age and Sex)

	Males										Females										Grand Total			
	Under 14	15-14	20-19	25-24	35-34	45-44	55-54	60-59	65 & over	Total	Rate per 1000	Under 14	15-14	20-19	25-24	35-34	45-44	55-54	60-59	65 & over	Total	Rate per 1000	Cases	Rate per 1000
Abnormalities																								
Tuberculosis requiring close clinic supervision or treatment.			1	2	2	3	1		1	8	1.03		2		1				1		4		12	0.83
Tuberculosis requiring only occasional outpatient supervision					2	5	15	2	4	33	4.24			1	1	2	6	9	5	4	3	31	64	4.45
Malignant Neoplasms.								2		8	1.03						2			1	3	11	0.76	
Non-Malignant Neoplasms.																	4	2		2	8		8	
Lymphadenopathics, (excluding Sarcoids)																								
Sarcoids (including enlarged Hilar Glands).																								
Congenital Cardiac abnormalities and abnormalities of the Vascular System.																								
Acquired Cardiac abnormalities and abnormalities of the Vascular System.						1	2	4	4	13			1	1	5	2	3	3	4	8	27		40	
Pneumoconiosis without P.M.F.									3	1													4	
Pneumoconiosis with P.M.F.																								

Respiratory Tuberculosis Requiring Treatment (Distribution by type of Examinee, Age and Sex)

Type of Examinee	Males										Females										Grand Total
	Under 14	15-14	20-19	25-24	35-34	45-44	55-54	60-59	65 & over	Total	Under 14	15-14	20-19	25-24	35-34	45-44	55-54	60-59	65 & over	Total	
General Practitioner Referrals				1		1	1	1		3				1						1	4
General Public Volunteers			1			2			1	4			2					1		3	7
Factories/Offices				1						1										-	1
TOTALS:		1	2	2	3	1	1	1	1	8			2	1				1		4	12

Malignant Neoplasms

(Distribution by type of Examinee, Age and Sex)

Type of Examinee	Males										Females										Grand Total	
	Under 14	15-20-25-35-45-55-60-65 & over					Total	Under 14	15-20-25-35-45-55-60-65 & over					Total								
		14	19	24	34	44			54	59	64	65 & over	14		19	24	34	44	54	59		64	65 & over
General Practitioner Referrals								3	3													3
General Public Volunteers ..							2	3	5						2			1	3			8
Factories/Offices									-										-			-
TOTALS							2	6	8						2			1	3			11

Mass Miniature Radiography Surveys

	No. of Persons Examined			Active Tuberculosis			Malignant Neoplasms		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1948/49									
School children	15,339 1,318	11,985 962	27,324 2,280	32 1	17 1	49 2	8 —	2 —	10 —
Excluding school children	14,021	11,023	25,044	31	16	47	8	2	10
Rate per 1,000 examined excluding school children				2.21	1.54	1.88	.57	.18	.40
1952									
School children	16,294 684	12,437 666	28,731 1,350	27 —	16 —	43 —	10 —	6 —	16 —
Excluding school children	15,610	11,771	27,381	27	16	43	10	6	16
Rate per 1,000 examined excluding school children				1.79	1.36	1.57	.64	.51	.58
1955									
School children	25,670 2,360	24,860 2,210	50,530 4,570	28 1	38 —	66 1	19 —	4 —	23 —
Excluding school children	23,310	22,650	45,960	27	38	65	19	4	23
Rate per 1,000 examined excluding school children				1.16	1.68	1.41	.86	.17	.50
1959									
Rate per 1,000 examined	11,781	10,686	22,467	13 1.1	14 1.3	27 1.20	12 1.01	5 .46	17 .76
1960									
Rate per 1,000 examined	5,640	5,150	10,790	7 1.24	2 .39	9 .83	9 1.60	1 .19	10 .93
1961									
Rate per 1,000 examined	6,530	5,057	11,587	15 2.30	10 1.98	25 2.16	9 1.39	2 .39	11 .92
1962									
Rate per 1,000 examined	6,559	5,507	12,066	1 .15	9 1.63	10 .83	15 2.29	3 .54	18 1.49
1963									
Rate per 1,000 examined	7,818	6,561	14,379	8 1.03	4 .61	12 .83	8 1.03	3 .46	11 .76

The Unit has continued to pay its regular yearly visit to Bolton. From the tables it will be noted that the number of individuals examined was greater than in recent years — 14,379 compared with 12,066 in 1962.

Twelve cases of active respiratory tuberculosis requiring treatment were discovered, 8 among the males and 4 among the females, giving rates per 1,000 examined of 1.03 and 0.61 respectively.

Eleven patients were found to have malignant neoplasms, a rate of 0.76 per 1,000 examined compared with 1.49 in 1962. Because of the relatively small number of cases discovered, this difference is not significant. The rate among men of 1.03 per 1,000 remains substantial.

VENEREAL DISEASE

Dr. Philip S. Silver has supplied the following information which relates to Bolton residents only in attendance at his clinic.

The number of new cases of syphilis attending the clinic from the Bolton area was 10 which is a decrease of 6 over the previous year. One of these cases was early syphilis in the contagious stage. There were no contacts of this particular case in the Bolton area.

The number of cases of gonorrhoea from Bolton was 46, showing a decrease of 26 compared with the previous year. The division of the new cases of gonorrhoea when put into age groups shows 1 per cent under the age of 16 years, 1 per cent between the age of 16 and 17, 14 per cent between 18 and 19 years of age, 24 per cent between 20 and 24 years and 60 per cent aged 25 and over. If these cases are divided by sex, 4 per cent were female under the age of 16, 4 per cent between 16 and 17 years, 28 per cent were aged between 18 and 19, 28 per cent were between 20 and 24 and 36 per cent were aged 25 and over. This shows an improvement over the previous year when over 50 per cent of female patients were under 20 years of age. It would appear, therefore, from this, that the peak of the teenage infections has been passed.

The number of non-venereal cases was 352, an increase of 3 cases when compared with 1962.

There were 33 cases referred by the Moral Welfare Worker and 6 from the ante-natal clinic. The clinic staff carried out 62 domiciliary visits for the purpose of ascertaining the cause of non-attendance.

The following table summarises the situation for the past twelve years.

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Syphilis	58	48	36	43	23	22	19	19	10	14	16	10
Gonorrhoea	64	50	60	75	58	55	57	58	74	123	72	46
Non-Venereal Disease	334	316	333	237	286	256	214	265	320	348	349	352
TOTALS:	456	414	429	355	365	333	290	342	404	485	437	408

PART IV

ENVIRONMENTAL HYGIENE

Work of the Public Health Inspector

Slum Clearance

Clean Air

Inspection and Supervision of Food

General Sanitation

Disinfection and Disinfestation

Report of the Borough Analyst

WORK OF THE CHIEF PUBLIC HEALTH INSPECTOR

The perennial shortage of qualified public health inspectors continued during 1963 and the position seems likely to be considerably worse in 1964. There has been no response whatever to advertisements issued on six different occasions, and at the end of 1963 there were three vacancies for inspectors. The staffing position at that time was as follows:-

	Chief Public Health Inspector
	Deputy Chief Public Health Inspector
13	Specialist Public Health Inspectors (1 vacancy)
2	District Public Health Inspectors (2 vacancies)
1	Authorised Meat Inspector
5	Pupil Public Health Inspectors (1 vacancy)

	SCHOOL HILL DISINFECTING STATION
	Foreman
6	Rodent Operatives

The most contentious aspect of the public health inspector's work during 1963 was the controversy over the quality, price, etc. of solid smokeless fuels. Towards the end of the year when it was learned that future smoke control areas would, so far as solid fuel is concerned, have to be based upon the use of hard coke, householders in the next proposed smoke control area were asked to state their preferences for the fuel or fuels they would like to use when the smoke control Order became operative. These enquiries yielded the following results.

	TYPE OF FUEL	APPROX. PERCENTAGE
(a) Choice of one fuel only:		
	hard coke only 	41%
	electricity only 	19%
	gas only 	7%
(b) Choice of two fuels:		
	coke + electricity 	22%
	coke + gas 	5%
	electricity + gas 	3%
(c) Choice of three fuels:		
	coke + electricity + gas 	1%
(d) Miscellaneous 		2%
	TOTAL 	<u>100%</u>

It will be seen from the above that reliance need no longer be placed entirely on solid smokeless fuel and that a substantial proportion of householders are likely to want to use the cleaner fuels, i.e. gas and electricity.

In the case of those householders opting for hard coke, the new grant provisions would enable them to install appliances of much greater efficiency while hard coke itself is, at present, the cheapest of the solid smokeless fuels and appreciably cheaper than the so called "premium cokes", e.g. Coalite, Phimax, etc.

SLUM CLEARANCE

Clearance Areas and Compulsory Purchase Orders:

Since the start of the Council's slum clearance programmes (November, 1955) there have been 2,201 houses demolished by way of clearance order, compulsory purchase order or individual unfit house procedure. There have been 1,860 families rehoused from these premises.

During the year 1963 there were 320 houses demolished and 217 families rehoused under the provisions of the Housing Acts, 1936 - 1957. The areas were as follows:-

Bradford Ward Nos. 10 and 11 Clearance Areas (Slaterfield Area); Derby Ward Nos. 4, 5 and 6 Clearance Areas (Kirk Street and Shuttle Street Areas); Derby Ward Nos. 7 and 8 Clearance Areas (Gate Street); miscellaneous individual unfit houses and unfit houses included in deferred demolition schemes.

Confirmed Clearance Area:

The Bolton (Derby Ward Nos. 9 - 11 Clearance Areas) Compulsory Purchase Order, 1963 including the Noble Street district was made on the 3rd January, 1963; a Public Inquiry was held on the 20th August, 1963 when objections were made against the inclusion of four properties within the clearance area. In six cases, representations were made to the Minister that the premises had been well maintained. The Minister confirmed the Order on the 8th October, 1963 without modification. Three out of six claims for well maintained grants were approved.

Future Clearance Areas:

The survey and inspection of dwellings and other premises was completed in the Arden Street Clearance Area. Two hundred and twenty-seven houses and five other premises were represented to the Health Committee on the 12th June, 1963 and, subsequently, 217 unfit dwellings; ten other houses and five other buildings were included in the Bolton (Halliwell Ward No. 1 Clearance Area) Compulsory Purchase Order, 1963 in respect of the Arden Street area. There are 625 persons who will require rehousing from this area. The usual Public Inquiry is to be held on the 3rd March, 1964. Similar inspections were commenced in the Ainscow Street Clearance Area.

Improvement of Houses:

The extent to which houses can be improved in accordance with the Ministry of Housing and Local Government Circular 42/62 has been considered by the Borough Engineer, and in this connection the public health inspectors surveyed properties in the Weston Street area.

Prospective Redevelopment Area - Halliwell

In May, 1963 a considerable number of premises were surveyed in the Halliwell district and drafts were forwarded together with plans showing houses likely to be included in the Council's future slum clearance programme when circumstances permit. This information was forwarded to the Borough Engineer and the Borough Architect.

Enquiries from Purchasers of Houses:

Numerous enquiries at the Health Department continue to be made by interested persons. The inspectors gave information on the existing slum clearance programme to 1,500 enquirers during the year. The number of enquiries regarding land charges received from potential purchasers of properties within the borough was 3,436.

Compensation:

Under the Housing Act, 1957, payments may be made in respect of condemned houses which have been well maintained by either the occupier or the owner.

Temporary provisions have also been made for payments to owner-occupiers and others in certain circumstances in respect of unfit houses purchased, closed or demolished under Parts II or III of the Act. Representations have been made to the Association of Municipal Corporations by the Council to have the period of operation of these compensation provisions extended by the Government.

Payments may be made by a local authority towards removal expenses or loss sustained through disturbance of trade or business as a consequence of action taken under the Housing Act, 1957.

Improvement and Standard Grants:

The following information has been kindly supplied by the Borough Engineer in respect of the year 1963:

No. of applications received	.. .. .	548
No. of applications approved by Council	.. .. .	495
No. of applications refused	.. .. .	5
No. of applications cancelled	.. .. .	3

The Borough Engineer states that in all cases applicants are interviewed and where possible inspections are carried out so that advice can be given prior to the application being made, so as to avoid the necessity for the refusal of applications. In addition the Borough Engineer requests the advice of the Health Department in all cases as to whether or not the houses concerned are likely to have a life of not less than fifteen years. Such information is, of course, merely in the nature of a provisional estimate based on the Chief Public Health Inspector's appreciation of the situation, as the Corporation's approved programme of slum clearance does not extend beyond the year 1966.

Certificates of Disrepair - Rent Act, 1957:

In view of the complexity of the procedure for the issue of various certificates under the Rent Act, 1957, all applications for certificates have continued to be dealt with by the Insanitary Areas and Premises Sub-Committee. No appeals to the Courts have been made against any of the Sub-Committee's decisions since the Act came into force.

The following table gives details of the types and numbers of certificates applied for, and the action taken by the Sub-Committee.

APPLICATIONS FOR CERTIFICATES OF DISREPAIR:

Number of applications for certificates	6
Number of decisions not to issue certificates	—
Number of decisions to issue certificates:	
(a) In respect of some but not all defects	2
(b) In respect of all defects	4
	<hr/> 6
Number of undertakings given by landlords under paragraph 5 of the First Schedule	3
Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	—
Number of certificates issued	3

APPLICATIONS FOR CERTIFICATES AS TO THE REMEDYING OF DEFECTS:

Number of applications by tenants	3
Number of applications by landlords	2
	<hr/>
Number of certificates issued	5

APPLICATIONS FOR CANCELLATION OF CERTIFICATES:

Applications by landlords to Local Authority for cancellation of certificates	2
Objections by tenants to cancellation of certificates	—
Decisions by Local Authority to cancel despite tenants' objections	—
Certificates cancelled by Local Authority	2

STATEMENT OF ACTION TAKEN UNDER RENT ACT, 1957 SINCE 6TH JULY, 1957 UP TO PRESENT DATE:

Number of applications for Certificates of Disrepair	552
Number of undertakings given by landlords	195
Number of Certificates of Disrepair issued	350
Number of Certificates of Disrepair cancelled by Local Authority	72

Housing Statistics:

HOUSES NOT INCLUDED IN CLEARANCE AREAS:

Action was taken under the appropriate enactments as follows:

NEW ACTION:

Houses represented under Section 16 of the Housing Act, 1957	71
Demolition Orders made	85
Closing Orders made	29
Undertakings not to re-let for human habitation	-

COMPLETED ACTION:

Houses demolished	42
Persons rehoused	73
Houses closed (including 156 awaiting sealing up)	197
Persons rehoused	106
Cases pending at close of the year	33

Housing Inspections:

INSPECTION OF DWELLING-HOUSES

1. Dwelling-houses inspected for housing defects (under Public Health Act or Housing Acts)	2,123
Inspections made for the purpose	7,741
2. Dwelling-houses (included under sub-head (1) above) which were inspected under the Housing Consolidated Regulations, 1925, as amended by the Housing Consolidated Amendment Regulations, 1932	432
Inspections made for the purpose	432

REPAIRS - INFORMAL ACTION

Unfit or defective houses rendered fit as a result of informal action by the Local Authority under the Public Health Act or Housing Acts	269
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ACTION UNDER STATUTORY POWERS

PUBLIC HEALTH ACT, 1936:

Houses in which defects were remedied after service of formal notices:	
By owners	220
By Local Authority in default of owners	8

HOUSING ACT, 1957:

No action was taken under sections 9 or 10.

CLEAN AIR

Measurement and Investigation of Air Pollution:

The measurement and study of air pollution continued during 1963 with the maintenance of the nine volumetric air sampling units, set up in 1957. A careful study of the results shows that the reduction in air pollution which has been evident for some years has continued, but for 1963 this was less obvious than formerly, due to the high figures recorded in January and February, during which months unusually severe weather led to prolonged and heavy fuel consumption.

Industrial Furnaces:

PRIOR APPROVAL, CLEAN AIR ACT, 1956, SECTION 3 (2):

Eight applications for approval of proposed furnace installations were dealt with under this section. In each case approval was given, either to the proposal as originally submitted, or as modified after consultation with the Chief Public Health Inspector.

NOTIFICATION, CLEAN AIR ACT, 1956, SECTION 3 (3):

In addition to the eight cases mentioned above, eighteen installations were notified under this section.

Improvement and Replacement of Furnaces:

The main improvements to existing furnaces and boiler plants during 1963 were the installation of the following:

One, three pass economic boiler, oil-fired with full automatic control to replace two Lancashire boilers coal-fired by hand; one, three pass economic boiler, oil-fired with full automatic control to replace three Lancashire boilers coal-fired by automatic stokers; one, three pass economic boiler oil-fired with full automatic control to replace two Lancashire boilers coal-fired by outmoded automatic stokers; two, three pass economic boilers oil-fired with full automatic control to replace two Lancashire boilers coal-fired by hand; oil-firing equipment to one Lancashire boiler previously coal-fired by outmoded automatic stoker; oil-firing equipment to one vertical boiler previously coal-fired by outmoded automatic stoker; two underfeed stokers to one existing Lancashire boiler previously coal-fired by hand; oil-firing equipment to one Lancashire boiler previously coal-fired by hand.

Industrial Fumes, dust, etc.

The attraction of new industries to the borough has presented a number of problems, chiefly due to their establishment in existing buildings close to domestic premises. These cases usually arise from the development of new manufacturing processes, and their solution requires careful study, followed by experimental installations to abate nuisance. One such installation has been completed and is giving satisfactory results to date. Fairly extensive works are proceeding at three other factories and some improvement has already been achieved in each case.

Alkali etc. Works Registration Act, 1906:

Six premises are registered under the Act, i.e.

Electricity Generating Station	..	..	..	..	..	1
Gas Works	..	..	..	..	..	1
Iron and Steel Manufacture	..	..	..	..	..	2
Chemical Manufacture	..	..	..	..	..	2

Close collaboration is maintained with the local alkali inspector and advice and assistance have been given by him in a number of matters, outside his own province.

Smoke Control Areas:

The following shows the position regarding smoke control areas at 31st December, 1963:-

**Table of Smoke Control Areas
under Bolton Corporation Act, 1949, and Clean Air Act, 1956.**

		ORDER CONFIRMED	OPERATIVE
TOWN CENTRE SMOKELESS ZONE		3.4.54	1.11.54
Acreage	86		
Houses	225		
Factories	76		
Commercial Premises	661		
Miscellaneous	88		
EAST WARD SMOKE CONTROL AREA		14.11.57	1.6.58
Acreage	58.1		
Houses	252		
Factories	40		
Commercial Premises	9		
Miscellaneous	21		
CROOK STREET SMOKE CONTROL AREA		29.4.58	1.11.58
Acreage	2.1		
Houses (All Corporation)	81		
QUEENS PARK SMOKE CONTROL AREA		22.7.60	1.5.61
Acreage	140		
Houses	184		
Factories	25		
Commercial Premises	33		
Miscellaneous	15		
SCHOOL HILL SMOKE CONTROL AREA		19.1.60	1.8.60
Acreage	8.745		
Houses (All Corporation)	301		
BEVERLEY ROAD SMOKE CONTROL AREA		19.1.60	1.8.60
Acreage	0.787		
Houses (All Corporation)	18		
DEANE SMOKE CONTROL AREA		15.5.61	1.5.62
Acreage	126.24		
Houses	802		
Factories	4		
Commercial Premises	9		
Miscellaneous	4		
BRIGHTMET ESTATE EXTENSION SMOKE CONTROL AREA ..		15.5.61	1.5.62
Acreage	68.88		
Houses (All Corporation)	142		
Miscellaneous	1		
CRUMPSALL STREET ESTATE EXTENSION SMOKE CONTROL AREA		15.5.61	1.5.62
Acreage	1.77		
Houses (All Corporation)	12		
LEONARD STREET ESTATE EXTENSION SMOKE CONTROL AREA		15.5.61	1.5.62
Acreage	1.27		
Houses (All Corporation)	32		
LEVER EDGE LANE ESTATE EXTENSION SMOKE CONTROL AREA		15.5.61	1.5.62
Acreage	1.21		
Houses (All Corporation)	20		
GREENLAND ROAD SMOKE CONTROL AREA		15.5.61	1.5.62
Acreage	3.32		
Houses	32		

		ORDER CONFIRMED	OPERATIVE
RADCLIFFE ROAD SMOKE CONTROL AREA		15.5.61	1.5.62
Acreage	16.13		
Houses	102		
ASHWORTH LANE SMOKE CONTROL AREA		15.5.61	1.5.62
Acreage	35.36		
Houses	223		
MOSS FARM ESTATE SMOKE CONTROL AREA		Agreed in principle by Ministry	
Acreage	10.77	12.8.60	
Houses	123		
HULTON SMOKE CONTROL AREA		28.12.61	1.10.62
Acreage	63.98		
Houses	666		
RUMWORTH SMOKE CONTROL AREA		28.12.61	1.10.62
Acreage	95.22		
Houses	1543		
LEVER EDGE LANE (SOUTH) SMOKE CONTROL AREA		28.12.61	1.10.62
Acreage	102.8		
Houses	628		
HEATON SMOKE CONTROL AREA		21.5.62	1.7.63
Acreage	425.6		
Houses	3453		
MARKLAND HILL AND IVY ROAD SMOKE CONTROL AREA		30.5.63	1.12.63
Acreage	296.5		
Houses	2332		
Industrial Premises	6		
Commercial Premises	24		
Miscellaneous Premises	119		

The acreage, and numbers of premises of various kinds, covered by operative Smoke Control Orders at the end of 1963 are as follows:—

AREA: 1,534 acres.

NUMBERS OF PREMISES:

Dwellings	11,110
Commercial premises	817
Industrial premises	117
Other premises	372
TOTAL	<u>12,476</u>

During the year the Heaton and the Markland Hill and Ivy Road Smoke Control Areas became operative on the 1st July and the 1st December, 1963 respectively. All occupiers in the Markland Hill and Ivy Road Smoke Control Area were circularised immediately following confirmation of the order and given all necessary advice, and application forms, to enable them to apply for grant under the Clean Air Act, 1956. All occupiers of premises in both areas were specially circularised shortly before the orders came into effect, to remind them of the approaching operative dates.

During the year the proposed Halliwell/Smithills Smoke Control Area was surveyed and the necessary estimates of costs and fuel supplies were prepared. Details of fuel requirements were submitted to the Ministry of Fuel and Power, but this unfortunately coincided with the special review of smokeless fuel supplies which eventually culminated in the issue of the White Paper, Cmnd. 2231 "Domestic Fuel Supplies and the Clean Air Policy". As a result, no permission to proceed with the making of an order was received from the Ministry of Fuel and Power, and the Council were, therefore, unable to make any order. Had the order been made it would have affected 1,829 dwelling houses and 41 other premises.

In October, 1963 a circular was received from the Minister of Housing and Local Government in which it was pointed out that in future smoke control areas in the North-West Region, reliance would have to be placed, so far as solid smokeless fuel is concerned, on hard cokes. As these fuels require under-floor draught fires or closed or openable stoves for their efficient combustion, the Ministry announced that the grant conditions would be revised to enable grants to be paid on such appliances. The new conditions also make it possible to pay improved grants on other forms of heating, e.g. electric heating using off-peak current, or heating by gas or oil, which the Ministry are anxious to encourage as a means of relieving pressure on solid smokeless fuel supplies. The Ministry also indicated that where an order had been confirmed, but had not actually come into operation, the new provisions for grant could apply to fire-grate conversions not already carried out, although later enquiries and correspondence with the Ministry revealed that where existing appliances in such an area were capable of adaptation for the burning of open fire cokes, the grants would have to be based upon such adaptations; where, however, an existing appliance could not be so adapted and a complete replacement was required, then grant would be payable on underfloor draught fires or stoves.

This circular was issued approximately six weeks before the Markland Hill and Ivy Road Smoke Control Area was due to come into operation. All householders were circularised as quickly as possible to advise them of the new grant conditions, and this resulted in a considerable amount of extra work for the inspectors and other members of the staff dealing with smoke control areas, in explaining the new provisions to interested persons. As a result of the increased grants many applications already approved were re-submitted with a view to the provision of underfloor draught fires or stoves, while in the case of householders who had already applied to install such appliances but had not yet actually converted them, adjustment of the grants was required.

As the existing pattern of fuel usage in future smoke control areas is likely to be substantially changed by this new policy, all householders in the proposed Halliwell/Smithills Smoke Control Area were specially circularised to advise them of the new provisions, and inviting them to state, on a reply-paid postcard, their likely fuel preference when the order is eventually in operation (it being made clear that the completion of the card did not commit them to the choice then intimated). Since this postal survey was commenced, the Ministry have asked that the use of direct-acting electric heaters, such as bar radiators, is to be discouraged in favour of electric storage heating using off-peak current, and those householders who had already expressed a preference for electric heating are being re-circularised to ensure that they understand the position and to afford them the opportunity of revising their preference should they so desire.

Every effort is made to ensure that householders in smoke control areas receive all the assistance they require and a wide variety of literature is supplied before any smoke control order is made. In addition to the literature supplied in previous years, a booklet produced by the oil industry was also distributed to private householders in the proposed Halliwell/Smithills Area. During the year the Mobile Exhibition of the Solid Smokeless Fuels Federation made three visits to Bolton, i.e. to the Rumworth Smoke Control Area in April, to the proposed Halliwell/Smithills Area in June, and to this latter area and the Markland Hill and Ivy Road Area in August. These visits continue to be well attended by the public. A display of static material was again produced and exhibited in the foyer of the Central Library and posters were displayed in the Corporation buses and at various vantage points in the town.

During the year the operative smoke control areas were kept under observation and verbal and/or written warnings were issued in 54 cases. A new development during the year, which should prove of considerable assistance in enforcing smoke control orders, was the arrangement (notified by the Minister in Circular 7/63) made between the Ministry and the Coal Merchants Federation, whereby the latter organisation undertakes to ensure that its members will not deliver coal to householders in smoke control areas; persistent offenders in this direction can be notified to the Federation, who will deal with the offending members themselves.

The following table gives details of action taken in the implementation of confirmed Smoke Control Orders.

SMOKE CONTROL PROGRAMME (1.1.63 to 31.12.63)

Applications:

No. of houses in respect of which applications for approval of proposed works were submitted	2,972
Estimated expenditure liable for grant	£57,446
Amount of grant payable by Corporation (seven-tenths)	£40,212

Claims:

No. of houses in respect of which claims for payment of grants were received	2,301
Total amount paid by way of grant	£37,607
No. of 100% grants paid	81
Amount paid in 100% grants	£1,678 7 0
Additional cost of 100% grants	£503 10 4

INSPECTION AND SUPERVISION OF FOOD

Milk:

MILK AND DAIRIES (GENERAL) REGULATIONS, 1959:

No. of Dairies	14
No. of Milk Distributors (including retail shops and dairy roundsmen)	545
No. of Dairy Vehicles	125

MILK AND DAIRIES (SPECIAL DESIGNATION) REGULATIONS, 1960 AND 1963:

During the year 1963 the following licences, renewable in 1966, were granted.

Dealers' (Pre-packed Milk) Licences	26
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The Milk (Special Designation) Regulations, 1963 were made during the year but with minor exceptions will not come fully into force until the 1st October, 1964. The major change is that "untreated" will replace "tuberculin tested" as the special designation for raw milk. This change will, of course, mainly affect producers, who are licensed by the Minister of Agriculture, Fisheries and Food, although there will be a number of dairymen (not milk producers) within the borough who will require to have their existing licences amended. Licences issued under the 1960 regulations to use the designations "pasteurised" and "sterilised" are continued in force by the new regulations.

MILK (SPECIAL DESIGNATIONS) (SPECIFIED AREAS) (No. 2) ORDER, 1954:

This Order defines an area, which includes the area of the County Borough of Bolton, in which no milk may be sold by retail unless it has either (a) been derived from a tuberculin tested herd and/or (b) been treated by pasteurisation or sterilisation.

Cream however does not necessarily have to be derived from a tuberculin tested herd or to be heat-treated.

DAIRIES AND DAIRY VEHICLES:

	DAIRIES	DAIRY VEHICLES
No. of inspections	114	79
No. of notices served	6	7

Most of the dairy vehicles were of a good standard, but warnings were issued in three cases concerning the absence of the name and address of retailers' vehicles.

SAMPLING OF MILK FOR BACTERIOLOGICAL EXAMINATION:

Samples of milk were taken regularly from dairies, pasteurising establishments, milk shops, schools and vending machines, and during the course of delivery to consumers. Details of the examinations carried out are given on page 159. All the samples were reported satisfactory.

BIOLOGICAL SAMPLING OF MILK:

One hundred and forty-two samples of raw milk from dairy herds at three farms were examined for *Br. abortus* and six cows were found to be excreting this organism. Notices were served requiring the farmers to have the milk heat-treated until proved free from *Br. abortus*. The six infected cows were voluntarily slaughtered; subsequent samples from the remaining cattle were reported negative and the compulsory heat-treatment requirements were withdrawn.

SAMPLING OF MILK FOR CHEMICAL ANALYSIS:

Five hundred and eighty-four samples were taken, eleven of which were reported as unsatisfactory.

In two instances involving three samples, legal proceedings were instituted in respect of extraneous water. In one case the defendant was fined £3 plus advocate's fee £2 2s. and witnesses expenses £1; in the other case (two samples) the defendant was fined £20 plus advocate's fee £6 6s., Analyst's fee £2 2s. and witnesses expenses £2 5s.

The remaining eight samples, although below the legal standard for milk fat, had been taken from consignments consisting of a number of churns, and although some individual churn samples were unsatisfactory the average fat contents of the various consignments were satisfactory.

A local farmer was fined £2 plus £3 13s. costs for delivering a churn of milk, containing numerous larvae, to a local dairy. The milk was condemned by a Justice of the Peace as unfit for human consumption.

Bacteriological Examination of Ice Cream:

Sixty-five samples of ice cream were taken from manufacturers and vendors. Twenty-six samples were reported as unsatisfactory according to the provisional gradings of the Public Health Laboratory Service and in addition one sample which satisfied these standards was, however, contaminated by intestinal organisms and was also classed as unsatisfactory. Details of the samples are given on page 159.

It should be remembered that these tests are merely a convenient yard-stick by which the public health inspector can assess hygienic standards and they are acted upon accordingly. They have no legal significance whatever and should not form the basis of any legal proceedings, nor can the result of any one test be viewed in isolation.

There are five local manufacturers of ice cream and most of the unsatisfactory samples were from three of these producers. All three producers however showed improvement, (a considerable improvement in two cases) in the grading of their ice cream, after correct sterilisation procedures had been demonstrated to them. Careless handling of equipment and ice cream on the part of the temporary staffs which have to be employed during the summer months is a major contributory factor to unsatisfactory gradings.

Out of four unsatisfactory samples taken within the borough, one manufactured outside the borough, three were from two vendors who had only recently started selling ice cream and were completely ignorant of correct sterilisation procedures. One of them discontinued selling ice cream after being prosecuted for storing ice cream in unregistered premises, the magistrates imposing a fine of £10 plus £5 5s. costs.

Legal proceedings were also taken against an ice cream manufacturer for contraventions of the Food Hygiene (General) Regulations, 1960, in respect of one of his ice cream vehicles, i.e. vehicle not kept clean and not provided with satisfactory washing facilities. A fine of £25 plus £5 5s. costs was imposed.

Inspection of Meat and Other Foods:

The inspection of food at slaughterhouses, markets and food shops has continued to be carried out with great efficiency, and for this purpose 3,627 visits were made by the inspectors.

Meat Inspection:

The rate of slaughtering was as follows:-

	CATTLE	CALVES	SHEEP	PIGS	TOTAL
Average Weekly "Kill" . .	268	16	671	415	1,370
Maximum Weekly "Kill"	322	24	1,105	703	2,154

The following table shows the number of animals slaughtered and inspected, together with the incidence of diseases and other abnormalities in carcasses inspected at the private slaughterhouses and the public abattoir :-

	Cattle ex- cluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	7,346	6,576	826	34,912	21,550
Number inspected	7,346	6,576	826	34,912	21,550
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCOSIS:					
Whole carcasses condemned	14	17	8	89	56
Carcasses of which some part or organ was condemned	2,763	3,419	5	4,235	2,282
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	0.03	52.25	1.57	12.39	10.39
TUBERCULOSIS ONLY:					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	2	3	—	—	46
Percentage of the number inspected affected with tuberculosis	0.03	0.05	—	—	0.21
CYSTICERCOSIS:					
Carcasses of which some part or organ was condemned	13	22	—	—	—
Carcasses submitted to treatment by refrigeration	13	22	—	—	—
Generalised and totally condemned	—	—	—	—	—

Analysis of Parts or Carcasses of Animals Condemedned

This table gives the percentages of the various conditions found, in relation to the total number of animals affected. Some animals were found to be affected with two or more conditions.

NATURE OF DISEASE OR CONDITION	PERCENTAGE
Tuberculosis	0.39
Cysticercus Bovis	0.27
Distomatosis (Liver Fluke)	18.40
Septicaemia and Pyaemia	3.64
Mastitis	8.66
Actinomycosis	0.19
Pneumonia and Pleurisy	16.88
Others	48.29

The number of animals slaughtered during the year is shown in the following table.

	1961	1962	1963
Cattle excluding cows ..	7,755	8,130	7,346
Cows	8,162	8,859	6,576
Calves	1,812	1,466	826
Sheep and Lambs ..	46,964	38,884	34,912
Pigs	20,100	20,675	21,550

One hundred per cent meat inspection was maintained throughout the year, which entailed an inspector being on duty every weekend.

CYSTICERCUS BOVIS

Thirty-five cases of cysticercus bovis were discovered on inspection at the various slaughterhouses. All cases were dealt with by refrigeration, in accordance with Memo 3/Meat and, after this was repealed, with the Meat Inspection Regulations, 1963, which came into operation on October 1st, 1963, after which refrigeration the meat was released for human consumption.

Only one of the animals was from Ireland, the rest were obtained from widely separated areas in England and Wales. Five cases were found by incising the heart muscles, no lesions being found in other sites in the carcase or offal, which again proves the necessity for this method of inspection, in addition to the more usual method of only incising the cheek muscles, if this condition is to be found as effectively as possible.

Foodstuffs Condemned

	TONS	CWTS.	QRS.
Meat (Fresh)	48	1	1
Meat (Tinned)	1	6	4
Boiled Ham (Tinned)	1	19	1
Tongue (Tinned)	—	3	1
Fish (Fresh)	—	3	2
Fish (Tinned)	—	14	1
Milk (Tinned)	—	6	2
Poultry and Rabbits	—	4	4
Fruit and Vegetables (Fresh) ..	1	14	1
Fruit and Vegetables (Tinned) ..	3	11	4
Provisions (Miscellaneous)	3	7	3
TOTAL ..	61	14	—

Disposal of Condemned Meat:

During 1963 all condemned meat and offal was collected in accordance with the appropriate regulations. Facilities were again given for the collection of certain glands and organs for pharmaceutical purposes under strict control of the meat inspectors. All other items were processed for use as fertiliser or animal feeding stuffs.

Slaughterhouses:

A number of further improvements have been carried out at the private slaughterhouses within the borough.

Slaughter of Animals Acts, 1933 - 1958:

During the year thirty-three licences were issued to slaughtermen. No contraventions of the Acts or Regulations were reported.

Diseases of Animals Acts:

FOOT AND MOUTH DISEASE:

There have again been no outbreaks of this disease locally during the year and the borough has not been included in any restrictions.

FOWL PEST:

During October, Infected Area restrictions already in force in Central Lancashire were extended to include Central and Southern Lancashire and the West Riding of Yorkshire. The movement of all poultry within the area was controlled by licensing and to the end of the year 186 licences were issued, authorising the movement of 63,210 birds for immediate slaughter at local poultry slaughtering premises.

During the year the disease was discovered at nineteen premises within the borough and three of these premises were still Infected Premises at the end of the year. A total of 4,414 birds were destroyed by incineration.

TUBERCULOSIS (ENGLAND AND WALES ATTESTED AREA) ORDER, 1960:

Only one case was discovered in an Irish bullock which was reported to the Ministry of Agriculture, Fisheries and Food.

TUBERCULOSIS ORDER, 1938:

Again there were no animals slaughtered under this Order during the year.

ANTHRAX ORDER, 1938:

Seven cases of suspected anthrax were investigated (six pigs and one cow). The disease was not confirmed in any of the cases.

SWINE FEVER ORDER, 1938:

Movement restrictions imposed on 3rd December, 1962 covering most of Lancashire, including Bolton, were still in force during 1963 and 1,101 licences were issued authorising the movement of 7,915 pigs.

The Bolton Auction Mart was allowed to auction pigs for immediate slaughter only and a licence for this purpose was issued each week.

No cases of the disease occurred within the borough.

Legal Proceedings - Food Inspection:

Two meat boners were prosecuted, one in January and the other in March, in the Magistrate's court for smoking whilst handling meat in contravention of the Food Hygiene (General) Regulations, 1960. Both were found guilty and one was fined £5 and the other was fined £5, and £4 4s. costs.

In June a slaughterman was prosecuted in the Magistrate's court for wearing dirty and inadequate protective clothing whilst handling meat at the public abattoir in contravention of the Slaughterhouses (Hygiene) Regulations, 1958. He was found guilty and fined £10 and £3 3s. costs.

In August a retail butcher was prosecuted in the Magistrate's court for having in his possession for the purpose of sale for human consumption meat which was unfit for human consumption in contravention of Section 8 of the Food and Drugs Act, 1955. The meat was discovered on a routine inspection and was seized by the inspector and taken before a Justice of the Peace, who condemned it and ordered its disposal otherwise than for human consumption.

The butcher was found guilty and was fined £10.

THE MEAT INSPECTION REGULATIONS, 1963:

These regulations came into operation on 1st October, 1963 and have re-enacted the Public Health (Meat) Regulations, 1924 and Memo 3/Meat which are now repealed. They have also introduced a new requirement that all meat slaughtered for human consumption must be inspected and stamped by the inspector before it leaves the place of slaughter. It also empowers the local authority to make a maximum charge of 2/6d. for cattle and horses, 9d. for pigs and calves and 6d. for sheep and goats for inspection.

After consultations with the Trade, Bolton has agreed to the following scale of charges:- 2 - for cattle, 7d. for pigs and calves and 5d. for sheep and goats. Since the regulations came into operation 3,837 cattle, 12,158 sheep, 6,835 pigs and 234 calves have been slaughtered and inspected within the borough. It is estimated from these figures that during 1964 a total of approximately £3,000 will be charged for meat inspection services.

Food and Drugs Sampling for Chemical Examination:

The following samples of food and drugs were obtained by the public health inspectors for chemical analysis:

		GENUINE	UNSATISFACTORY	TOTAL
Food Samples:				
Formal	.. ..	65	11	76
Informal	.. ..	297	44	341
Drug Samples:				
Formal	.. ..	14	2	16
Informal	.. ..	72	6	78
Milk Samples:				
Formal	.. ..	273	11	284
Informal	.. ..	311	-	311
TOTALS	.. ..	1,032	74	1,106

Legal Proceedings - Food Sampling:

It was necessary to institute legal proceedings in eleven cases, and to save duplication it has been found convenient to classify these on pages 167 and 170 - Tables A and B of the Borough Analyst's report.

Other Foods and Drugs:

In all cases of unsatisfactory samples, action was taken by way of warnings to the vendors or manufacturers of the products concerned, or by the surrender and destruction of the goods.

Food Hygiene:

Details of the visits made, etc. in connection with the enforcement of the Food Hygiene (General) Regulations, 1960, are given in Table 3 on page 144. As a result of this work the following improvements were effected in the town's food premises.

Structural improvements:									
Floors	..	..	..	..	..	..	..	..	47
Walls, ceilings	..	..	..	..	..	..	..	..	91
Doors, windows	..	..	..	..	..	..	..	..	36
Decorations	..	..	..	..	..	..	..	..	58
Lighting	..	..	..	..	..	..	..	..	17
Ventilation	..	..	..	..	..	..	..	..	14
Drainage	..	..	..	..	..	..	..	..	10
Fittings, equipment, etc.:									
Sinks, etc.	..	..	..	..	..	..	..	..	15
Wash hand basins, etc.	..	..	..	..	..	..	..	..	20
Water supplies - cold	..	..	..	..	..	..	..	..	7
Water supplies - hot	..	..	..	..	..	..	..	..	9
Shop fittings, equipment, etc.	..	..	..	..	..	..	..	..	70
Miscellaneous improvements	..	..	..	..	..	..	..	..	55

As in previous years, special inspections were made of all school meals kitchens and hospital kitchens, and detailed reports and recommendations were sent to the Chief Education Officer and the Bolton and District Hospital Management Committee respectively.

Where necessary night visits or weekend visits have been paid to premises, notably in connection with licensed premises.

Bacteriological Examination of Beer Glasses, Utensils in Restaurants and Equipment in Butchers' Shops:

Since the 25th March, 1963 it has been possible visibly to demonstrate where contamination has occurred on glassware and similar articles. Briefly, the technique which was developed by Dr. G. B. Manning following a suggestion made by me enables actual colonies of bacteria to be shown in relief on the surface of the article being tested in the form of red areas. In addition it is the practice when specimens are being obtained to take swabs which are submitted to normal bacteriological examination at the Pathology Department, Bolton Royal Infirmary.

(a) LICENSED PREMISES

In the case of licensed houses, at the close of the year 222 beer glasses had been examined and this total included 32 where it was necessary to revisit a second time because of previous minor shortcomings. These revisits showed that in most cases the incorrect amount of detergent steriliser was being added to the washing-up water. In one case it was necessary to change the type of sterilant in use and in a second case the use of a faulty dispenser was discontinued; thereafter completely satisfactory reports were received.

Where bacteriological reports suggest that an improvement could be effected, in all cases, irrespective of the brewery company concerned, the fullest co-operation has been received by the Health Department, and the bacteriologists engaged by the breweries have themselves carried out, independently, appropriate investigations; this, unfortunately, is not the position in the case of restaurants.

The results obtained so far can be summarised as follows:-

Satisfactory reports obtained from the initial examination of the glasses	190
Revisits needed (minor deficiencies)	38
Number of visits made	444

Contamination of glasses was found to be caused by the following organisms:

All organisms of faecal origin	44
Staphylococcus aureus (coagulase positive)	12
Streptococcus viridans	8
Diphtheroid bacilli	1
Pseudomonas pyocyanea	1
Bacillus friedlander	1
Neisseria catarrhalis	1
TOTAL	68

Some of the breweries are increasingly using a new type of beer measuring device, together with oversize glasses and in one case a cellar competition has been arranged by the brewery. These voluntary steps emphasize the extent to which co-operation has been given by the breweries and it is interesting to see that the notice introduced in licensed houses in Bolton is now being used in larger cities and towns in the north west, and many miles from Bolton. This notice reads as follows :-

“YOU ARE REMINDED THAT THE REFILLING OF USED GLASSES AND THE RESELLING OF TRAY SPILLAGE OR UNCONSUMED BEER IS STRICTLY FORBIDDEN.”

In other breweries the following notice is displayed:-

“IN THE INTERESTS OF HYGIENE A FRESH GLASS IS USED FOR EACH DRINK ORDERED ON THESE PREMISES
CUSTOMERS ARE RESPECTFULLY REQUESTED NOT TO ASK FOR THEIR OWN GLASSES TO BE RE-FILLED.”

The practice of using tobacco whilst handling food is steadily discontinuing and apart from risk of contamination of food the reduction of smoking, especially of cigarettes, is desirable in the interests of personal health.

(b) UTENSILS IN RESTAURANT KITCHENS AND SNACK BARS

The adequacy of washing-up methods employed in the kitchens of catering establishments may be tested by bacterial examinations of swabs taken from freshly washed crockery and cutlery. The method of swabbing follows the advice given by Dr. G. B. Manning, Director of Pathology, Bolton Royal Infirmary.

After swabbing five similar articles the swab is broken off into a bottle of nutrient broth and delivered to the laboratory without delay.

No. of premises examined	..	..	..	..	..	18
No. of premises satisfactory	..	..	..	..	..	5
No. of revisits required	..	..	..	..	..	13

The following organisms were found either singly or in combination:-

	PLATES	CUPS	FORKS	SPOONS
All organisms of faecal origin	11	11	10	5
Staphylococcus aureus (coagulase positive) ..			1	
Pseudomonas pyocyanea	1			
Diphtheroid bacilli ..			1	

(c) EQUIPMENT IN BUTCHERS' SHOPS

Swabs were taken from the various parts of the equipment normally found in butchers' shops and in each case, special attention was paid to the presence of heat resistant *Clostridium welchii*. In 15 cases the hands of the staff were swabbed to ensure that hand washing was being carried out effectively and the reports were satisfactory.

The results obtained so far can be summarised as follows:-

No. of premises inspected	..	..	..	..	..	61
No. of premises found satisfactory	..	..	..	..	..	50

The 11 premises where unsatisfactory results were obtained were revisited by the food inspectors.

Contamination of the equipment was found to be caused by the following organisms:-

All organisms of faecal origin	..	..	..	..	7
Staphylococcus aureus (coagulase positive)	..	..			3
Staphylococcus albus (coagulase negative)	..	..			3
Clostridium welchii (heat resistant)	..	..	..		1
Pseudomonas pyocyanea	..	..	..	..	1
					<hr/>
				TOTAL	15
					<hr/>

Food Hygiene (General) Regulations, 1960:

In May, 1963 the proprietor of a local hamburger sales company was fined a total of £200 for various offences under the above Regulations at their premises from which a number of sales vehicles operated. The defendant was allowed time to pay at the rate of £5 per week, failing which she would be liable to prison sentences, running concurrently, of three months. The same individual was fined £5 in March, 1963 for failing to comply with a requisition for information under the Public Health Act, 1936, requiring her to provide information, required for enforcement purposes, regarding another business believed to be operated by her, and which has now ceased to be used as a food business.

Details of other prosecutions in regard to Food Hygiene are given in the sections on Ice Cream (page 125) and on Food Inspection (page 128).

Food Complaints:

The number of complaints made by members of the public again increased during 1963, i.e. seventy-three complaints compared with fifty-four in 1962 and thirteen in 1961. This may well be due to the press publicity following successful prosecutions.

An unusual complaint referred to a baby's rattle in the form of a plastic hammer, which was said to smell offensively. When dismantled the head of the hammer was found to contain lentils to which water had gained access, causing the lentils to decompose and smell offensively. A similar hammer purchased for examination was satisfactory in this particular respect, but both articles contained small screws, which in the event of their working loose could have been a source of danger to infants. The stock at the local store was immediately withdrawn and the matter taken up with the importers.

Six complaints were received in respect of mouldy bread and confectionery. Prosecutions were taken in respect of a mouldy loaf, resulting in a fine of £10 plus £13 13s. costs, and in respect of mouldy apple strudles, the vendors being fined £10 plus £5 5s. costs.

Twenty-seven complaints were made in connection with food suspected either to have caused illness or not to be wholesome. Positive results were obtained in only four cases, the bacteriological and chemical tests in the other cases being negative.

"Scampi causing illness." This was confirmed by bacteriological examination and the remaining stock was surrendered and destroyed.

"Chicken sandwich alleged to have a bad smell." This was found to be slightly rancid. A warning letter was sent as the complainant did not wish any stronger action to be taken.

"Cooked ham alleged to have a bad smell." This was confirmed but there was insufficient evidence for court proceedings.

"Ship load of peas contaminated with borax." These had been contaminated during unloading of the ship, and the stock was held in a local warehouse. The peas were unfit for human consumption and the entire stock was re-exported to the Continent by arrangement with the Ministry of Agriculture, Fisheries and Food.

By far, the number of complaints referred to the presence of foreign bodies in foodstuffs. In six cases the complaints were unjustified, as the alleged "foreign bodies" were, in fact, parts of the foods themselves, e.g. "fibres in hamburger", (actually meat fibres), "wheat flakes in a dinner cob", "piece of burnt sugar in a cake", etc. Prosecutions were taken in five cases:-

"Insect in an apple tart." Found to be an Australian spider beetle. The manufacturer was fined £5 plus £5 16s. 6d. costs.

"Sliced loaf containing a cigarette." The manufacturers were fined £20 plus £5 5s. costs.

"Canned peas containing a feather." Fined £10 plus £5 5s. costs.

"Sliced loaf containing foreign body." Found to be a piece of greasy paper baked in the loaf. The manufacturers were fined £15 plus £5 5s. costs.

"Sliced loaf contaminated with stale oily dough." The manufacturers were fined £15 plus £5 5s. costs.

In the majority of cases the complaints were made merely to bring the matter to the notice of the Health Department, so that appropriate action could be taken, and the complainants were entirely satisfied with this and did not wish any legal action to result. In all cases, however, the complaints were thoroughly investigated, although it was not always possible to state definitely whether the foreign object was present at the time of preparation or packaging. Warning letters were sent where appropriate to the vendors or manufacturers concerned.

Infestation in Food:

The following table shows the number of samples examined during the years 1957-1963, together with the percentage found to be infested with mites or insects and/or rodent excreta:

YEAR	NUMBER OF SAMPLES EXAMINED	NUMBER OF SAMPLES FOUND TO BE INFESTED
1957	81	28 (35%)
1958	112	33 (30%)
1959	115	20 (17%)
1960	144	5 (3.5%)
1961	177	21 (12%)
1962	96	4 (4.16%)
1963	124	15 (12%)

One hundred and twenty-four samples of cereals, dried fruits and other foods were submitted for examination. One sample was contaminated by part of an insect leg; a warning letter was sent to the vendors. Fourteen samples were contaminated with mites of which four were infested to such an extent as to render them unfit for human consumption; affected stocks were surrendered for destruction and investigations to determine the source of infestation were carried out in co-operation with the Infestation Control Division of the Ministry of Agriculture, Fisheries and Food. In one case the entire stock of various cereals was successfully fumigated at the retailer's premises under the supervision of the Ministry's representative. In all other cases the infestation was light, consisting usually of a few dead mites, and warning letters were sent to the vendors and packers.

GENERAL SANITATION

Conversion of Waste Water Closets

During the year a sum of £4,000 was allocated in the estimates for the conversion of waste water closets to fresh water closets. In June the maximum grant was raised from £10 to £15, grants at this higher figure being first paid in July. The average cost of conversions is from £30 to £35 at the present time. During the year 169 grants were paid.

Provision of Dustbins:

Where dustbins were required (including replacements) relevant information was obtained verbally from the tenants concerned, and opportunities were given to their landlords to submit their own written observations. Where any such observations are made in writing by the landlord, the decision as to whether the occupier or the landlord shall be required to supply the bin is made by the special Sub-Committee of the Health Committee. During 1963 it was necessary for the Sub-Committee to meet on three occasions. During the year twenty-two cases were dealt with; where statutory notices were not complied with, bins were provided by the Corporation in default.

Public Water Supplies:

All employees of the Waterworks Undertaking who are directly concerned with the water supply are required to submit one specimen of faeces annually for bacteriological examination; new employees are required to submit faecal specimens on three successive days, and a specimen of blood is also taken for a Widal test.

Mr. H. R. Davenport, Waterworks Engineer and Manager, has supplied the following information regarding the water supply to the borough, although the Undertaking's area of direct supply includes adjoining authorities. The supply area was increased on the 1st April, 1963, under the Bolton Water Order, 1962 and the Bolton Water (Amendment) Order, 1963, and now includes the areas served by the former Irwell Valley Waterboard and the Borough of Bacup Water Undertaking.

"The water supplied to the County Borough of Bolton by this Undertaking was satisfactory both as regards quality and quantity.

The supply is at present filtered at four filter stations. Normally, samples of both raw and filtered water are subjected to full bacteriological analysis each week and to full chemical analysis periodically by the Borough Analyst. Special examinations and analyses are made as circumstances require.

During 1963, 211 samples of raw and 215 samples of filtered water received bacteriological examination and 8 samples of both raw and filtered water received chemical analysis. In addition 53 samples of water from the Lake District Undertaking received bacteriological examination and 2 samples received full chemical analysis. The results showed that the filtered and treated water was of excellent quality, B. Coli being absent in 99% of the potable water samples tested. Where 100% bacteriological purity was not obtained a second sample taken proved satisfactory. All water is treated before passing into supply.

Regular bacteriological examination of the water in the distribution system has been carried out during the year, B. Coli was absent in 99.02% of the 306 samples tested.

No action was required to be taken in respect of any form of contamination. From tests made the water was shown to have no significant plumbosolvent action.

The public water mains afford a direct supply to a population of approximately 159,780 and 56,672 dwelling houses; no supply was afforded to dwelling houses by standpipe.

During the year an additional 522 yards of 2", 944 yards of 3", 1,613 yards of 4", 160 yards of 6" and 31 yards of 24" diameter water main were laid within the area."

Sewage Disposal:

The following information has been supplied by Mr. F. W. Allen, Manager, Bolton & District Joint Sewerage Board:

"During 1963, the sewage treatment plant at Hacken dealt with a total flow of 4,417 million gallons representing an average of 12.0 million gallons per day. Six million gallons of this daily flow was given full treatment by the activated sludge process followed by high-rate biological filtration. Tests made on the effluents from these processes showed that of 150 samples examined 122 were satisfactory. Similarly, of the 6.0 million gallons per day which could not be given full treatment, only 17 samples were satisfactory out of the 150 examined.

The Bolton and District Joint Sewerage Board approved terms and conditions for regulating the nature and quantity of trade effluents discharged from 12 premises into the Bolton sewers and treated at the Hacken Works.

During the year the treatment plant of the large regional works at Ringley Fold was completed to the extent that arrangements were made to divert the sewage of Bolton from Hacken to Ringley Fold, on 14th January, 1964."

Factories Act, 1961:

There are 947 factories within the borough which were the subject of 495 inspections, resulting in 71 cases in the service of written notices upon the factory occupiers. Full details of the work carried out under the Factories Act, 1961 are contained in Tables 7 to 10 on pages 147 and 148. Many of the larger cotton mills which have been discontinued as such under the cotton reorganisation scheme are now being converted for multiple occupation by several different factory occupiers; these premises are, of course, subject to section 122 of the Factories Act, 1961, which places the responsibility for certain matters upon the owner as distinct from the occupier of the individual "factory" concerned.

Shops Act, 1950:

There are 1,162 shops within the borough subject to the provisions of this legislation. The sanitary provisions of the Act relating to heating, ventilation, lighting, sanitary accommodation, washing facilities, facilities for taking meals and seats for female shop assistants, are administered by the public health inspectors. During the year 308 routine visits were made and four verbal or written notices issued. Thirty-eight improvements were effected as a result. Many premises e.g. food establishments, etc. are, of course, shops within the meaning of the Act, and the provisions of the Shops Act are borne in mind during routine inspections of such premises. The health and welfare provisions of the Shops Act, 1950 will cease to have effect on the 1st August, 1964, when they will be replaced by the Offices, Shops and Railway Premises Act, 1963.

Offices, Shops and Railway Premises Act, 1963:

This Act, which comes into operation on the 1st August, 1964, lays down standards of health, welfare and safety for employees in offices, shops and railway premises comparable to the protection afforded by the Factories Act for persons in manual work. Minimum standards are prescribed in the Act, but the Minister of Labour has power to make regulations prescribing more detailed standards. The Act controls such matters as overcrowding, heating, lighting, ventilation, washing and toilet facilities, cleanliness, provision of drinking water, clothes storage accommodation and seating accommodation. The Health Committee have authorised the public health inspectors to enforce the provisions of the Act in so far as these are the responsibility of the local authority. Officers of the Fire Department have also been authorised to enforce the provisions relating to means of escape from fire.

Certain premises, such as those occupied by a local authority, are controlled by the factory inspectorate, who will also inspect offices at factories, and office premises erected for purposes of building operations. Local authorities, however, will be responsible for enforcement at most offices and shops, and have power to grant exemptions from certain requirements if satisfied that compliance with the Act is not reasonably practicable.

The Minister is empowered to appoint Government Inspectors to advise local authorities and their officers, with the intention of securing uniform administration throughout the country.

It is estimated that there will be at least 5,800 premises which will require to be visited in Bolton in connection with this new legislation.

Houses-in-Multiple-Occupation:

The Housing Act, 1961 contains provisions relating to houses-let-in-lodgings or occupied by members of more than one family. During the year, the basic standards for amenities in such houses (e.g. baths, sanitary accommodation, sinks, wash-basins and food storage and cooking facilities) were revised, and all new inspections were based on these higher standards.

After a house has been inspected a notice is served on the person having control, listing the works required to comply with the above standard. The opportunity is then given for the person concerned to discuss these requirements with a public health inspector, including alternative action which can be taken, e.g. reducing the number of persons occupying the house to preclude the need for further amenities.

The notice also lists separately those items of disrepair (including decorative disrepair) and other matters concerning proper standards of management which would render necessary the application of a management order. It is generally found that these matters are those most readily complied with after service of notice. In Bolton, requirements relating to means of escape in case of fire are administered by the Chief Fire Officer.

During the year, 385 visits and inspections were made to houses-in-multiple occupation and 30 informal and 4 statutory notices were served. The most frequent item included related to unsuitable food storage facilities, followed by inadequate or unsuitable cooking facilities, sinks and hot water supplies. Very little overcrowding has been detected, and where this is found it is usually in relation to the amenities provided and not to the space available; some occurrences in communally-occupied Asian immigrant houses have been remedied after warnings have been issued.

Difficulty has been experienced in gaining access to all lettings in some houses at one visit as so many tenants are out working during the day and evening visits are often required. Language difficulties still present some problems in houses occupied by Asians although it is becoming more common to find at least one English-speaking immigrant in most houses, who can act as interpreter.

Common Lodging Houses:

There are two common lodging houses in the town, i.e. in St. George's Road and Crompton Street respectively. The St. George's Road premises are both owned and managed by the Salvation Army; the Crompton Street premises are owned by the Corporation and leased to the Salvation Army. Substantial improvements were carried out at both premises during 1963.

Offensive Trades:

There were three offensive trades within the borough, i.e.

- 1 Fellmonger
- 1 Gut-Scraper
- 1 Fellmonger and gut-scraper

There are no local byelaws affecting these trades, but the comparatively small number of premises involved, and the satisfactory standards of cleanliness and maintenance achieved do not justify the making of special byelaws.

Hairdressing Establishments:

There were 263 hairdressing premises registered in accordance with the Bolton Corporation Act, 1949, section 48. One hundred and forty-three inspections were made and 6 improvements effected. Details of bacteriological investigations at hairdressing establishments are given below.

Brushes and combs were swabbed in both ladies and gents hairdressing salons to ensure that effective sterilisation of equipment was being carried out. The results obtained so far, can be summarised as follows:-

No. of premises inspected	.. .. .	96
No. of premises found to be satisfactory	.. .. .	80

The sixteen premises where unsatisfactory results were obtained were re-visited and the methods of sterilisation used were discussed with the proprietors, and appropriate advice was given. In each case a satisfactory report was received on subsequent visits.

Contamination was found to be caused by the following organisms :-

Staphylococcus aureus (coagulase positive)	11
Staphylococcus albus (coagulase negative)	4
Organisms of faecal origin	1
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TOTAL	16
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Pharmacy and Poisons Act, 1933 - The Poisons Rules, 1952:

The names of 229 persons are included in the local authority's list of persons entitled to sell poisons in Part II of the Poisons List. The attention of shop-keepers etc. has been drawn verbally or in writing, as necessary, to any contraventions of the Act or Rules. Six informal samples were taken during 1963 for analysis and all were reported satisfactory.

Pet Animals Act, 1951:

Thirteen licences were issued and twenty-seven inspections were made. The premises generally have been satisfactorily conducted, but where necessary verbal warnings or advice have been given.

Animal Boarding Establishments Act, 1963:

This Act came into force on the 1st January, 1964, and requires all establishments at which dogs and/or cats are boarded out for payment, to be licensed by the local authority. The public health inspectors have been authorised for enforcement purposes and suitable licence conditions are being worked out in collaboration with the Chief Fire Officer and the Legal Department, regard being had in this to the suggested licence conditions issued by the R.S.P.C.A. It is thought that there will not be many establishments requiring supervision under this legislation, and by the end of 1963 only two applications for licences had been received.

Rag Flock and Other Filling Materials Act, 1951:

Rag Flock and Other Filling Materials Regulations, 1951-1954:

This legislation prescribes standards of cleanliness for filling materials used in upholstered articles and stuffed toys, and the local authority are required to register premises where the relevant operations are carried out. There were nineteen premises in the borough registered under the Act. Two formal samples of filling materials were taken for analysis and both were reported satisfactory.

Nuisances from Noise:

During the year a further twelve new complaints were received and could be classified as follows :-

COMPLAINT OF NOISE FROM NON-DOMESTIC PREMISES	NUMBER
Industrial premises, including fan exhaust, boiler burners, steam exhaust noise	4
Club premises	1
Furniture warehouse	1
Barking dogs at boarding kennels and allotments ..	2
Exhaust fan at fish frier's premises	1

COMPLAINT OF NOISE FROM DOMESTIC PREMISES	NUMBER
Refrigerator in yard	1
Banging of doors	2

The above table does not adequately reflect the amount of work involved in dealing with noise nuisances as frequently repeated visits are necessary to determine whether or not a nuisance exists. Visits have been carried out late at night or during the early hours of the morning and it is often necessary for the observations to be made with a witness or even for a number of public health inspectors to make observations so as to obviate any subjective element. All these cases were dealt with by informal action and no statutory notices were served or court proceedings taken during the year.

Fertilisers and Feeding Stuffs Act, 1926:

Twenty-five formal samples were taken for analysis and discrepancies were found in twelve cases. Two cases concerned serious oil deficiencies, and warning letters were sent to the manufacturers; four samples contained ingredients in excess of the statutory declaration, but these excesses were not to the purchasers' detriment; in two cases the statutory declarations were unsatisfactory in form, one sample was deficient in nitrogen and a warning letter was sent to the manufacturer concerned; in three cases the copper content was, in the opinion of the Borough Analyst, unsatisfactory, and the manufacturers were advised accordingly.

DISINFECTION AND DISINFESTATION

Disinfection:

Routine terminal disinfection of premises after cases of illness is carried out in special cases only. No charge is made where such work is carried out in the interests of public health. Details are given in Table 11 on page 149.

A special stock of equipment, together with a supply of formaldehyde, and a mixture of carbolic soap, water and white cyllin, is retained at School Hill in readiness for immediate use in the event of smallpox occurring. Facilities exist for the disinfection of vehicles and special containers are available for enclosing infected mattresses and bed linen.

Disinfestation:

The Department's pest control service continues to make steady progress, and an increasing number of occupiers of food or other business premises subject to special infestation risks continue to enter into annual agreements with the Corporation for regular treatment of their premises, with a view to preventing insect infestation; in many cases the agreements also provide for preventive measures against rodent infestation. There are now 141 agreements in force, and the annual income from pest destruction is now over £3,000. Table 12 on page 149 summarises the work carried out.

Regular destruction treatments to control the rat population in the sewers are carried out by the Borough Engineer's Department in collaboration with the Health Department. Warfarin is the poison in general use, but zinc phosphide and arsenious oxide are used on occasions, paranitrophenol being incorporated to inhibit mould growth.

The schools and school meals kitchens in the borough are surveyed at least once every two months to detect any rodent or insect infestation. Any necessary treatment is carried out immediately.

Control of the rodent population on the Corporation's controlled tipping sites is maintained by regular surveys and treatments. River banks are also subject to regular surveys and any infestation dealt with.

The Curator of Museums has supplied the following information :

"The most interesting specimen brought into the Museum for identification was undoubtedly a plant. The reason for this is that the majority of specimens brought into the Health Department are of animal origin. This plant had poisoned a small boy and was identified as a Polygonum.

The number of creatures brought in for identification was much lower than usual and this is widespread throughout the country, presumably because of the heavy mortality in insect life, especially due to the severity of the previous winter. The only forms of animal life which seemed to maintain their numbers were those which were sheltered from the cold by their habits of living in houses or central heated warehouses. Among these were the various types of wood-boring beetles, the golden spider beetles and an extremely large number of cockroaches."

Mortuary:

The mortuary forms part of the premises at School Hill used as a Disinfection and Disinfestation Depot. An attendant is employed on combined mortuary duties and disinfestation.

Sixteen bodies were received at the mortuary during the year. Post mortem examinations were carried out on twelve, all of them being coroner's cases. Refrigeration facilities are provided for the storage of the bodies.

Municipal Medical Baths:

The Medical baths are situated in an annexe to the School Hill Depot. The cleansing of verminous persons is carried out by a part-time female worker and the foreman of the Depot.

A summary of the cases dealt with is given below :

	School children		Children under five		Adults	
	Males	Females	Males	Females	Males	Females
Head infestations	33	86	-	2	-	4
Scabies	52	59	10	13	30	35
Body Lice	-	-	-	-	23	4
TOTALS ..	85	145	10	15	53	43

Complaints:

TABLE 1

The following complaints were received and investigated.

Housing defects	758
Choked and defective drains	314
Accumulations of offensive matter	187
Relative to unsound food	163
Verminous premises:—	
(a) Bed bugs	30
(b) Rat and mouse infestations	1478
(c) Cockroaches and other insect pests	445
Keeping of animals and poultry	27
Smoke	53
Noise	24
Miscellaneous	443
TOTAL	3,922

Standing Commitments:

TABLE 2

Premises Subject to Routine Inspection

TYPE OF ESTABLISHMENT	NO. OF PREMISES
Common lodging houses	2
Houses-let-in-lodgings	250
Movable dwellings	48
Bakehouses	246
Basement bakehouses	4
Fish friers	152
Registered premises, Sec. 16 Food and Drugs Act, 1955...	510
Industrial canteens	122
Other catering establishments	165
Miscellaneous food preparing premises	78
Ice cream premises—manufacture	5
" " " —sale only	440
Meat shops	207
Slaughterhouses	4
Dairies	14
Milk distributors	545
Food shops	1,603
Licensed premises (On-)	306
" " (Off-)	115
Food stalls	121
Vehicles—Meat	15
" —Milk	122
Factories (Mechanical)	828
" (Non-mechanical)	119
Workplaces	219
Shops	1,162
Outworkers' premises	72
Factory chimneys	209
Hairdressers' premises	263
Places of entertainment	73
Clubs	64
Offensive trades	3
Registered premises, Rag Flock and Other Filling Materials Regulations, 1951 and 1954	19
Pet shops (Pet Animals Act, 1951)	13

TABLE 3

Detection of Sanitary Defects:

Summary of Visits and Inspections

NATURE OF VISIT								NO. OF VISITS
Dwelling-houses for housing defects under Public Health Act:—								
After complaint	...	...	...	...	...	...	...	1,625
Subsequent visits	...	...	...	...	...	...	...	4,015
Dwelling-houses under Housing Acts:—								
Detailed inspections	...	...	...	...	...	...	...	498
Re-inspections, re-visits	...	...	...	...	...	...	...	1,603
Certificates of Disrepair	...	...	...	...	...	...	...	43
Infected dwelling-houses:—								
After notified infectious disease (other than tuberculosis)	...	...	...	...	...	...	...	286
Contacts	...	...	...	...	...	...	...	19
Schools and church halls	...	...	...	...	...	...	...	22
Swimming baths	...	...	...	...	...	...	...	—
Water sampling:—								
Swimming baths	...	...	...	...	...	...	...	—
Dwelling-houses	...	...	...	...	...	...	...	8
Business premises	...	...	...	...	...	...	...	209
Cinemas, dance halls, billiards halls	...	...	...	...	...	...	...	18
Offensive trade premises	...	...	...	...	...	...	...	5
Stables, piggeries, keeping of animals	...	...	...	...	...	...	...	96
Houses-let-in-lodgings	...	...	...	...	...	...	...	406
Factories Acts, 1961:—								
Factories with mechanical power	...	...	...	...	...	...	...	450
Factories without mechanical power	...	...	...	...	...	...	...	45
Outworkers' premises	...	...	...	...	...	...	...	12
Common lodging houses	...	...	...	...	...	...	...	2
Underground rooms	...	...	...	...	...	...	...	2
Hairdressing premises	...	...	...	...	...	...	...	143
Tents, vans, sheds	...	...	...	...	...	...	...	7
Smoke abatement:—								
Boiler house surveys	...	...	...	...	...	...	...	26
re Prior Approval applications	...	...	...	...	...	...	...	13
re Smokeless Zones and Smoke Control Areas	...	...	...	...	...	...	...	6,419
Smoke observations	...	...	...	...	...	...	...	256
Smoke investigations	...	...	...	...	...	...	...	128
Re-visits	...	...	...	...	...	...	...	477
Combustion readings	...	...	...	...	...	...	...	—
Deposit gauge visits	...	...	...	...	...	...	...	—
Volumetric stations	...	...	...	...	...	...	...	957
Noise abatement	...	...	...	...	...	...	...	184
Fairgrounds	...	...	...	...	...	...	...	33
Drainage:—								
Conversion from waste water to water carriage system	...	...	...	...	...	...	...	382
Miscellaneous tests and inspections	...	...	...	...	...	...	...	475

NATURE OF VISIT	No. OF VISITS
Public sewers	16
Watercourses and ditches	19
Land and tips	97
Septic tanks and cesspools	11
Sanitary conveniences—including public houses	96
Miscellaneous visits	5,095
Visits not inspections	1,639
Verminous premises:—	
Rats and mice:—After complaint or from survey	1,764
Subsequent and survey visits	8,392
Bug infestations:—No. of premises visited	31
No. of premises where definite infestation existed	30
Cockroaches	293
Other vermin	152
Inspections for supervision of food:—	
Unfit foodstuffs other than meat	696
Slaughterhouses and cold stores	2,515
Butchers' shops (Food Hygiene (General) Regulations, 1960)	416
Food Hygiene (General) Regulations, 1960:—	
Bakehouses	182
Fish shops, grocers and greengrocers	1,253
Factory canteens	42
Restaurant kitchens, fish friers, etc.	221
Hotel and beerhouse bars and cellars:—	
Day inspections	722
Night inspections	3
Food and Drugs Act, 1955—Section 16:—	
Ice cream premises (Heat Treatment Regs. 1959-1963)	84
Sausage manufacturers	88
Preserved meat preparation premises	53
Preserved fish preparation premises	2
Milk and Dairies Regulations, 1959: Food and Drugs Act, 1955—Section 91:—	
Milk sampling for bacteriological examination	165
Contraventions of Milk and Dairies Regulations... ..	—
Dairies	114
Shops Act, 1950—Section 38	308
National Assistance Act, 1948—Section 47	—
Diseases of Animals Acts and Orders	70

TABLE 4**Notices Served:**

Action to secure abatement of nuisances and to enforce the appropriate statutory enactments was taken as follows:—

Nature of Notice	Public Health Act 1936	Food Hygiene (General) Regulations 1960	Factories Act 1961	Byelaws: Hairdressers and Miscellaneous Premises
No. of informal notices served	436	131	56	2
No. of informal notices complied with without recourse to statutory action	170	44	23	—
No. of statutory notices served	335	—	—	—
No. of premises concerned..	169	—	—	—
No. of statutory notices complied with.. . . .	161	—	—	—
No. of premises concerned..	106	—	—	—
No. of cautionary letters sent by Town Clerk	88	—	—	—

Outstanding notices from previous year are included.

TABLE 5**Housing Defects and Legal Proceedings:**

A summary of general housing defects or disrepair of property where it was necessary to take legal proceedings, and the results of such proceedings is given below:—

CASE No.	STATUTE	DETAILS OF CONTRAVENTION	RESULT
1	Public Health Act, 1936 - Section 93.	Failure to comply with abatement notice in respect of defective roof, pointing, plastering and windows.	Nuisance Order made against owner; costs of 9/6d. awarded.
2	Public Health Act, 1936 - Sections 39 and 93.	Failure to comply with statutory notice in respect of defective eavesgutter and abatement notice in respect of defective plastering and defective roof.	Nuisance Order made against agents; fine of £4 imposed and 9/6d. costs awarded.
3	Public Health Act, 1936 - Section 93.	Failure to comply with statutory notice in respect of defective sanitary accommodation, and abatement notice in respect of accumulation or deposit.	Nuisance Order made against owner/occupier; fine of £2 imposed and costs of 9/6d. awarded.
4	Public Health Act, 1936 - Section 93.	Failure to comply with abatement notice in respect of defective door, floor and windows.	Nuisance Order made against owner.
5	Public Health Act, 1936 - Section 93.	Failure to comply with abatement notice in respect of general defects.	Nuisance Order made against owner.
6	Public Health Act, 1936 - Section 93.	Failure to comply with abatement notice in respect of general defects.	Nuisance Order made against owner, and costs of 9/6d. imposed.

7	Public Health Act, 1936 - Section 39.	Failure to comply with statutory notice in respect of defective rainwater pipe.	Fine of £2 imposed.
8	Public Health Act, 1936 - Section 93.	Failure to comply with abatement notice in respect of general defects.	Nuisance Order made and costs awarded to the Corporation.
9	Public Health Act, 1936 - Section 93.	Failure to comply with abatement notice in respect of general defects.	Nuisance Order made; costs of 18/- awarded.
10	Public Health Act, 1936 - Sections 39 and 95.	Failure to comply with Nuisance Order, and failure to comply with statutory notice in respect of defective eavesgutter.	Fines totalling £5 imposed.
11	Public Health Act, 1936 - Sections 45 and 95.	Failure to comply with Nuisance Order, and failure to comply with statutory notice in respect of defective sanitary accommodation.	Fines totalling £17 14s. imposed.
12	Public Health Act, 1936 - Section 93.	Failure to comply with abatement notice in respect of accumulation or deposit.	Nuisance Order made; costs of 9/6d. awarded.
13	Public Health Act, 1936 - Section 93.	Failure to comply with abatement notice in respect of general defects.	Nuisance Order made and costs awarded to the Corporation.
14	Public Health Act, 1936 - Section 93.	Failure to comply with abatement notice in respect of defective roof.	Nuisance Order made; costs of 8/6d. awarded.

In addition, thirty-one summonses were issued but withdrawn due to the works having been completed before the dates of the hearings.

TABLE 6

Sanitary Improvements Effected:

Action was taken under either the Public Health Act or the Housing Acts.

NATURE OF IMPROVEMENT	NO. OF IMPROVEMENTS
Floors repaired	34
Internal walls repaired	259
Ceilings repaired	99
Doors and windows repaired	218
Stairs repaired	18
Roofs repaired	136
Chimneys and flues repaired	80
Eavesgutters repaired	111
Rainwater pipes repaired	51
Soil and waste pipes repaired... ..	22
External walls repaired	44
Yards, paths, etc., repaired	67
Sanitary conveniences repaired	158
"Tippler" closet conversions	14
Refuse accommodation	51
Drains repaired	135
Fire-ranges repaired	24
Sinks, water supplies, wash boilers, etc., repaired	103
Miscellaneous	121

TABLE 7
Factories Act, 1961
Places of Employment
Defects Found

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			to H.M. Inspector	by H.M. Inspector	
Want of Cleanliness (S.1)	17	16	1	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) ..	1	1	—	—	—
Inadequate ventilation (S.4)	10	10	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7):—					
(a) Insufficient	10	1	—	—	—
(b) Unsuitable or defective	81	72	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	2	—	2	—	—
TOTALS	121	100	3	—	—

TABLE 8
Factories Act, 1961
Outwork (Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of Outworkers in Aug. list required by Sec. 133 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing (Making etc.) apparel ..	5	—	—	—	—	—
Furniture and Upholstery ..	11	—	—	—	—	—
Brush making ..	3	—	—	—	—	—
Stuffed Toys ..	—	—	—	—	—	—
Making paper fancy goods ..	53	—	—	—	—	—
TOTALS ..	72	—	—	—	—	—

TABLE 9

Factories Act, 1961
Places of Employment—Improvements Secured

Cleanliness improved	16
Temperature improved	1
Sanitary Accommodation:—	
Additional accommodation provided	13
Accommodation improved	63
Accommodation reconstructed	9
Ventilation improvements	10
Drainage improvements	5
Miscellaneous improvements	14

TABLE 10

Factories Act, 1961
Places of Employment
Inspection for Purposes of Provisions as to Health

Premises	Number on Register	Number of		Occupiers Prosecuted
		Inspec- tions	Written Notices	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	119	20	2	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	828	271	67	-
(iii) Other premises in which Section 7 is enforced by the Local Authority * (excluding outworkers' premises) ..	36	12	2	-
TOTALS	983	303	71	-

*Electrical Stations, Institutions, Building Operations and Works of Engineering Construction.

TABLE 11**Disinfection**

	Free of Charge	On Payment of Charge	Total
Premises visited for Disinfection	3	—	3
Beds	20	—	20
Rooms	5	—	5
Articles	85	25	110
Articles Destroyed	27	—	27

The 3 premises disinfected free of charge were for the following reasons:—

Tuberculosis... .. .	2
Cancer	1

TABLE 12**Disinfestation**

Infestation by	Number of Premises Disinfested				Total
	Domestic Premises	Business & Industrial	Hospitals	Schools	
Bed Bugs.. .. .	30	—	—	—	30
Cockroaches	195	66	25	7	293
Fleas	14	1	—	—	15
Golden Spider Beetles	17	1	—	1	19
Wasps	20	—	—	1	21
Wood Lice	5	—	—	—	5
Body Lice	11	—	—	1	12
Silver Fish	9	—	—	2	11
House Fly	2	4	—	—	6
General Disinfestation	44	—	—	—	44
Others	17	2	—	—	19

TABLE 13
Destruction of Rats and Mice
Prevention of Damage by Pests Act, 1949

	TYPE OF PROPERTY				
	Local Authority	Dwelling Houses	Agricultural	All other (including Business and Industrial)	Total
I. Total number of properties in Local Authority's district	129	57,115	102	7,072	64,418
II. Number of properties inspected by the Local Authority as a result of (a) notification or (b) otherwise	(a) 76	562	—	840	1,478
	(b) 117	3,035	212	5,028	8,392
III. Number of properties (under II) found to be infested with rats	Major —	—	—	—	—
	Minor 23	425	—	376	824
IV. Number of properties (under II) found to be seriously infested with mice	50	202	—	250	502
V. Number of infested properties (under III and IV) treated by Local Authority	73	627	—	626	1,326
VI. Number of notices served under Section 4:—	<div>Nil</div> <div>Enforced under Public Health Act, 1936</div>				
<div>(1) Treatment</div> <div>(2) Structural Works (i.e. proofing)</div>					
VII. Number of cases in which default action was taken by Local Authority following issue of notice under Section 4	Nil				
VIII. Legal Proceedings	Nil				
IX. Systematic control of blocks of buildings	14				

REPORT OF THE BOROUGH ANALYST

During the year 1963 the work carried out in the Borough Laboratories underwent considerable expansion. The number of samples rose to a level well above the number dealt with in any previous year. Not only was the total number of samples much higher than formerly, but the range covered by the samples was considerably widened by the inclusion of categories of samples which had not been dealt with previously.

An important change which markedly affected the number of samples derived directly from the enlargement of the Bolton Corporation Water Undertaking. On the 1st April, 1963 the Water Undertaking was much expanded when the Statutory Area of Supply was increased to include areas formerly administered by the Irwell Valley Water Board and the Water Undertaking of the Municipal Borough of Bacup. This reorganisation more than doubled the number of sources of supply, increased the amount of chemical control work required and greatly extended the regular collection of water samples for chemical and bacteriological analyses.

Mr. Samuel Shanks, A.R.I.C., formerly employed by the Irwell Valley Water Board was transferred to the Borough Laboratories. It is recorded with regret that the death of this chemist occurred in November, 1963 after a very long period of illness. The staff vacancy was filled by Mr. David Lloyd, B.Sc., and the staff of the water section was increased by the recruitment of a trainee chemist and also a van-driver technician.

The qualifying, Graduate Membership, Part II examination of the Royal Institute of Chemistry held at the end of March and early April, 1963 included 76 entrants who had prepared wholly by means of part-time courses. Only two of these 76 candidates were successful and it is with pleasure that I record that Mr. Vincent Matthews, Assistant Analyst in this department was one of the two successful candidates. In October, 1963 Mr. Matthews commenced a three year period of full time research at the Faculty of Technology, University of Manchester, with a view to obtaining a Doctor of Philosophy degree in chemistry. The staff vacancy resulting from Mr. Matthews' resignation was filled by Mr. A. N. Ainscough. Mr. J. L. F. Cranshaw, (Junior Assistant Analyst), was admitted as a Licentiate Member of the Royal Institute of Chemistry during the year.

A feature remarked upon in my last Annual Report was that the general public in Bolton typically expect fair value for the money paid for their grocery purchases, and that any short-comings in such goods are often brought to the attention of the Health Department. The number of such "complaint samples" showed a considerable increase during 1963, and as usual such samples were very varied in type.

The number of samples examined under the Food and Drugs Act, 1955 showed an increase on the previous year. The range of samples of this type was extended to include fresh fruit and vegetables which were examined for pesticide residues. The drug samples examined were increased in variety and included classes of drugs which are only available to the general public on prescription.

The important work on air pollution measurement was continued, and as in recent previous years, this included the separation and measurement of certain polynuclear hydrocarbons from smoke.

The normal duties of the laboratory included the bacteriological examination of ice creams, the analysis of swimming bath waters from the Public Baths, and water from the swimming pools at local schools.

Assistance was sought on a number of occasions by neighbouring local authorities and help was provided which included the examination of air, sewage and water samples.

A small number of private samples were dealt with on behalf of the Corporation. This analytical work included such materials as locally produced compound analgesic tablets intended for export to African countries, and synthetic organic intermediates, (chemicals used in the manufacture of other chemicals), which were destined to be shipped to India.

The results of the year's work which is briefly summarised in the following pages is preceded by a brief account of legislative and other changes which have occurred during 1963, which have a bearing on the work of the Borough Laboratories.

This is my second Annual Report to the Chairman and members of the Health Committee.

In presenting this report I have pleasure in recording my gratitude for the loyal service of the members of the laboratory staff. The report would be incomplete without the due acknowledgement to personnel of the Water Undertaking, the Public Health Inspectorate and the secretarial staff of the Health Department for their assistance and co-operation.

My thanks are also expressed to the Borough Medical Officer of Health for his encouragement, support and interest in the work of the laboratories.

The Soft Drinks Regulations, 1963

These regulations made in April, 1963 do not come into operation until 20th July, 1964. They re-enact with amendments the Food Standards (Soft Drinks), Order, 1953, and the Food Standards (Soft Drinks) (Amendment) Order, 1954.

The changes made by the new regulations include changes in the standards of composition for soft drinks made from citrus juice or citrus fruit, and where the drinks are made from comminuted fruit the new regulations now cover all citrus fruits and not just orange as formerly. Special labelling requirements are laid down including the requirement for soft drinks containing saccharin which will have to have a specific declaration. The acids permitted for use in soft drinks are specified and the minimum sugar requirements have been increased; the maximum permitted quantity of saccharin has been reduced.

Bread and Flour Regulations, 1963

These regulations made in August, 1963 come into operation on 1st September, 1964. They re-enact the Flour (Composition) Regulations, 1956, and incorporate a number of new requirements. These will regulate the composition of wheatmeal and wholemeal, milk bread, skimmed milk bread, butter bread, protein bread and gluten bread. A list of permitted ingredients is included for white bread, brown bread, wheat germ bread, wholemeal bread and soda bread.

The regulations prohibit the use in flour and bread of colouring matter except caramel which may be added to flour and to bread other than white bread and soda bread. Certain bleaching and improving agents are permitted in flour other than wholemeal; other materials of this type cannot either be sold or advertised for use in bread and flour. The labelling of permitted bleaching and improving agents is also controlled by these regulations.

Labelling requirements are included for bread containing ingredients additional to those in the permitted list, and where the description "high protein" bread is used there are specific labelling requirements. If the description "Starch reduced" is used, or there is a claim that the bread has specific weight reducing quality, the new regulations mean that the claim would not be justified unless the carbohydrate content by dry weight is less than 50 per cent of the weight of the bread calculated on a dry basis.

If after these new regulations come into operation any bread or flour is certified by a public analyst as contravening certain sections of these regulations, then such material can be treated for the purpose of Section 9 of the Food and Drugs Act, 1955, as being unfit for consumption.

The Liquid Egg (Pasteurisation) Regulations 1963

These regulations made in August 1963 came into operation on 1st January 1964. They require that liquid egg to be used in food intended for sale for human consumption should be pasteurised. The method of pasteurisation is prescribed. These regulations do not apply to egg broken out on the food manufacturer's premises and used within 24 hours. The regulations include a prescribed test which the analyst can use to ascertain whether a given sample complies with the regulations.

The Milk (Special Designation) Regulations 1963

These regulations made in September 1963 partly came into operation at the end of September 1963; other parts do not apply until 1st June 1964, and some parts will only be in operation as from 1st October 1964.

From 1st October 1964, "Untreated" will replace "Tuberculin Tested" as the special designation for raw milk. The half-hour methylene blue test is prescribed for "Untreated" milk, whether it is sold under a dealer's or producer's licence.

The requirements of this new legislation will mean that vast quantities of milk bottles with permanent labels "Tuberculin Tested Milk" will eventually have to be replaced and therefore the new regulations will allow such bottles to be used until the last day of 1964. This will allow stocks of containers bearing the words "Tuberculin Tested Milk" to be used up. The milk would of course have to comply with the conditions applicable to the sale of milk under the new special designation "Untreated".

The new regulations do not change the conditions that apply to licences to use the special designations "Pasteurised" and "Sterilised", but provision is made that from 29th September, 1963, until 31st December, 1964, milk which has been pasteurised under licence in accordance with the Regulations may be sold either as "Pasteurised Milk" or "Tuberculin Tested Milk (Pasteurised)". Licences to use the special designations "Pasteurised" or "Sterilised" issued under the Milk (Special Designation) Regulations, 1960, and in force immediately before 1st October 1964, are continued in force as though they were granted under the new Regulations.

Certain other changes concerned with the issue of licences are included in the new regulations. An additional point of interest is that the licensing authority is specifically permitted to authorise the use of the words "Farm Cartoned" as an alternative, where appropriate, to "Farm Bottled".

Codes of Practice issued by the Local Authorities' Joint Advisory Committee on Food Standards

The first of these issued on 1st July 1963 dealt with the use of the word "Chocolate" in Flour Confectionery. If the words chocolate *flavoured* are used then the agreed standard does not apply. Nor does it apply to chocolate covered or chocolate decorated baked products which contain no chocolate or chocolate colouring in the main part (crumb) of the article – thus it would not apply to chocolate eclairs.

However, where the description "chocolate" or a synonym is used to describe bakery products (with the exceptions above) then the product is required to contain not less than 3 per cent of dry non-fat cocoa solids in the moist crumb.

This is not a legal standard but one which has been agreed between the LAJAC Committee and representatives of the Bakery Industry.

The second agreed code of practice published during the year concerned the Labelling of Brandy. This code was agreed with the Wine and Spirits Association of Great Britain (Incorporated), and the Brandy Shippers Association, and concerns descriptions to be used in the labelling of Brandy.

The third Code of Practice published concerns Norwegian Crab Products. The basis of this concerns the calculation of the amount of Crab Meat in such products from the amount of protein found by analysis.

Circulars issued by the Ministry of Agriculture, Fisheries and Food

Some of the Circulars issued by the Ministry in 1963 were of direct interest to the laboratory.

One issued in September 1963 was concerned with certain work discontinued after 1st October 1963 by H.M. Customs and Excise. Formerly the latter authority was required to sample glucose and invert sugar used in brewing for determinations of the levels of arsenic in these materials. The sampling of these materials now falls within the general enforcement responsibilities of Food and Drug Authorities and other Local Authorities. The Arsenic in Food Regulations, 1959, apply to these materials.

In November 1963 a circular was issued concerned with the approval of certain proprietary Chemical Agents which may be used in the dairy industry.

From time to time during the year additional circulars were issued regarding the use of chemicals in agriculture and food storage.

Report on Meat Pies

The Food Standards Committee of the Ministry of Agriculture, Fisheries and Food published a Report on Meat Pies in March, 1963.

The main view point of the Committee was that meat pies should contain not less than 25 per cent meat based on the weight of the pie as a whole. There

is a proviso that they suggest that the standard proposed could be deemed to be complied with if one ounce of meat is present in a pie of not less than 4 ounces and not more than $5\frac{1}{2}$ ounces, and $\frac{5}{8}$ ths of an ounce of meat in a pie of up to 3 ounces.

Another important recommendation of the Committee is that pies sold as meat and vegetable pies, or under descriptions normally associated with meat and vegetable pies or pasties should contain not less than $12\frac{1}{2}$ per cent meat.

There has been no legislation to implement these recommendations of The Food Standards Committee, but at the time of writing this report, proposals for regulations on canned meat as well as meat pies have now been issued by the Ministry.

Addition of Chemicals to Meat

In December 1963, after a statement in Parliament by the Minister of Agriculture, Fisheries and Food acting jointly with the Minister of Health, an announcement was made that regulations would be made under the Food and Drugs Act, 1955, to prohibit the addition of the following chemicals to raw or unprocessed meat:—

Ascorbic Acid or any of its salts
Erythorbic Acid or any of its salts
Nicotinic Acid or any of its salts
Nicotinamide

These chemicals have been used particularly in such articles as raw minced meat. The purpose of the addition is mainly to ensure that the meat looks attractive some time after preparation particularly in so far as the maintenance of a fresh looking bright red colour. The danger associated with the use of such chemicals is not any danger associated with the ingestion of these substances as such, but the potential dangers resulting from their use. These chemicals are antioxidants and will prevent for some time the development of "off" colours in the meat as it ages. Putrefaction of raw minced meat proceeds faster than the putrefaction of meat in joints etc. If mince meat or other raw meat is treated with these chemicals and it is kept long enough before cooking putrefaction can proceed to an advanced degree and yet the meat still looks satisfactory.

The Ministry acted fairly promptly in this matter. Statutory Regulations were made soon after the statement in Parliament and before the time of writing this report the new Regulation forbidding the use of these chemicals in raw unprocessed meat intended for human consumption came into operation.

Review of the Regulations controlling the use of Emulsifiers and Stabilisers in Food

Notification was given during the year of the intention of the Government to review the Emulsifiers and Stabilisers in Food Regulations, 1962. This is in accordance with the undertaking to review the provisions of the regulations two years after they came into force.

Review of the Antioxidant in Food Regulations

The above 1958 Regulations were reviewed and a report published by the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food. They do not consider that the present regulations are in need of major amend-

ment but they do suggest that butylated hydroxytoluene should be withdrawn from the list of permitted antioxidants and also that antioxidants should be prohibited in infant foods.

Ice Creams (Heat Treatment etc.) (Amendment) Regulations, 1963

These regulations provide for a slight alteration in procedure permitted in the manufacture of ice cream. As from 18th June, 1963, it became permissible to add any soluble carbohydrate sweetening matter, e.g. ordinary sugar, to a complete cold mix after the mixutre has been heat-treated, but before it is sent out by the manufacturer of the ice cream mix.

Standard for Drugs

New editions of the British Pharmacopoeia, 1963, the British Pharmaceutical Codex 1963, and the British National Formulary 1963, were published during the year for official use as from the 1st January, 1964.

As is usual with new editions of these publications there are quite a number of both minor and major changes; certain drugs have been deleted and many new ones added. Some of the newer analytical techniques are included as official methods in the British Pharmacopoeia to replace methods of analysis clearly superseded by advancements in analytical chemistry.

Total Number of Samples examined:

The number of samples examined during the year was 6,928. This was 969 more samples than the corresponding figure for 1962 (5,959).

The samples examined are classified as follows:—

FOR THE HEALTH COMMITTEE:

Food and Drugs	1,106
Designated Milks	311
Ice Creams etc. (bacteriological examination) ..	65
Waters from domestic premises	119
Swimming Bath Waters	143
Fertilisers and Feeding Stuffs	25
Pharmacy and Poisons Act samples	6
Atmospheric Pollution:	
Smoke and Sulphur Dioxide concentrations (samples from Local Authority Testing Stations)	2,997
Smoke and Sulphur Dioxide concentrations (samples from domestic premises) ..	131
Smoke and Sulphur Dioxide concentrations (boiler house tested)	25
Polycyclic Hydrocarbons	60
Atmospheric Deposit Samples	7
Miscellaneous samples	122

FOR THE WATERWORKS COMMITTEE 1,722

FOR OTHER DEPARTMENTS, OTHER AUTHORITIES AND PRIVATE SAMPLES 89

TOTAL 6,928

Food and Drug Samples:

The number of foods and drugs submitted by the Sampling Officers during the year was 1,106 which is equivalent to a sampling rate of 6.88 per 1,000 of the population.

74 samples were reported as adulterated or otherwise unsatisfactory, a proportion of 6.7 per cent. This is a slightly higher rate of adulteration than has been typical during the past ten years as is shown in the following table:

YEAR	PERCENTAGE OF UNSATISFACTORY FOOD AND DRUGS
1954	3.8
1955	4.1
1956	5.4
1957	5.0
1958	4.3
1959	6.0
1960	4.0
1961	4.9
1962	4.5
1963	6.7
10 year average (1954 to 1963)	4.9

Some extension was made to the classes of food and drugs examined during 1963, with a corresponding increase in the range of analytical work undertaken. Brief mention is made of some of these changes.

The samples of food submitted during 1963 included 59 samples of fresh fruit and vegetables which were examined for pesticide residues. Of these, 53 samples were examined for residual material from insecticidal preparations and in 6 cases the analyses carried out were to ascertain the absence or presence of fungicidal chemicals. Fungicides were absent in each case.

Of the 41 samples first submitted which were tested for insecticide, 5 gave definite positive indications of the presence of traces of active material. Where "positive" samples were obtained, further samples were obtained from the vendor, or in some instances from the grower. Of 12 such "follow-up" samples eight gave "positive" results. These preliminary results were obtained with biological tests using the Fruit Fly (*Drosophila*) as the test organism and suitably prepared extracts of the fruit or vegetable.

In some cases although a quite distinctive positive biological response was obtained indicating the presence of traces of material toxic to the fruit flies it was not possible to identify the presence of a particular insecticidal compound. In such cases it was assumed that whatever insecticidal material had been used on the crop it had become changed in chemical characteristics following absorption by the plant. It is well known that such changes do occur, with the production of the so called "toxic metabolites".

In other cases it was possible to isolate the active insecticidal material with which the crop had been treated, and to determine the amount present.

There are no official British Standards relating to permitted or non-permitted levels of insecticidal substances on food, but it is possible to categorise the level of insecticide found by reference to the official tolerance levels adopted by other countries. Evaluating the results obtained in this way, none of the samples submitted could be classified as unsatisfactory.

Although there is no legislation specifically relating to insecticidal residues on, or in, foods, the provisions of the Food and Drugs Act, 1955, are such that in the event of these being present in a sample in an amount which could be regarded as excessive, then enforcement of provisions to safeguard the interests of the public are possible.

The possibility of pesticide residues being present on food causes considerable public interest. Although there appears to be no necessity for undue concern either on the part of the public or the authorities, there certainly exists the necessity for such matters to receive appropriate interest and action. This is particularly so as the value of such chemicals to farmers and growers has become more apparent in recent years, and as a consequence the use of pesticides has increased.

The range of drug samples analysed has been extended to cover a wider variety of drug samples. These samples include examples of the more modern synthetics such as barbiturates, antihistamines, etc., drugs which are only available to the general public on prescription. Also included were old fashioned herbal preparations, as well as the more well known "counter proprietary" medicines which are sold in such large quantities.

Details of all the samples submitted under the Food and Drugs Act, during 1963, and of the unsatisfactory samples are given in tables A and B on pages 167 and 170.

Milk Samples:

595 samples of milk were analysed during 1963, 284 of these were taken as formal samples, the other 311 were informal samples. 11 samples were classified as adulterated. Three of the samples contained added water and prosecutions resulted. Details of the latter are given in the list of unsatisfactory samples of Foods and Drugs.

The proportion of adulterated milk samples was 1.8 per cent which was the same figure as reported for the 1962 milk samples.

The following table shows the average composition of the milks examined during each quarter, and the yearly average. These averages do not include Channel Island Milk.

	No. of Samples	Fat %	Solids-not-fat %	Water %
1st Quarter, 1963	176	3.66	8.78	87.56
2nd " "	113	3.57	8.80	87.63
3rd " "	119	3.72	8.85	87.43
4th " "	187	3.76	8.83	87.41
For the year 1963	595	3.68	8.81	87.51
For the year 1962	556	3.74	8.81	87.45
For the year 1961	498	3.65	8.80	87.55

Designated Milks:

In addition to chemical analysis, designated milks are subjected to tests which are specified in the Milk (Special Designation) Regulations.

These tests included the Methylene Blue Test which is a measure of the keeping quality of the milk; the Phosphatase Test which is a check on the efficiency of the pasteurisation process, and the Turbidity Test which functions as a check on the heat treatment given to sterilised milk.

Examination of Designated Milks

Designation	No. Examined	Satisfactory	Failed Meth. Blue Test	Failed Phos. Test	Failed Turbidity Test	Test Void
Pasteurised	169	169	0	0	—	—
Sterilised	135	135	—	—	0	—
T.T.Farm Bottled ..	7	7	—	—	—	—
TOTALS ..	311	311	0	0	0	—

The above samples included 78 samples of pasteurised milk taken from the supplies to local schools. The results are entirely satisfactory.

Ice Cream Samples:

These samples are collected in sterile containers, special precautions being taken to preclude contamination occurring during sampling: they are then subjected to a Methylene Blue Test in order to assess their relative hygienic qualities. Under the conditions of the test, samples which decolourise the Methylene Blue solution in $4\frac{1}{2}$ hours or more are classified as Grade 1; those which decolourise the solution in $2\frac{1}{2}$ to 4 hours as Grade 2, in $\frac{1}{2}$ to 2 hours as Grade 3; and those decolourising the solution instantly (0) hours as Grade 4.

Samples categorised as Grade 3 and 4 are classified as of an unsatisfactory standard.

The samples are also examined for organisms of intestinal origin, the presence of which is regarded as evidence of undesirable contamination.

Methylene Blue Test for Ice Creams

	No. of Samples	Satisfactory	Unsatisfactory	Methylene Blue Grading			
				1	2	3	4
Sampled at Manufacturers' Premises	12	11	1	9	2	1	0
Sold Wrapped	13	13	0	9	4	0	0
Sold Loose	40	14	26*	9	6*	16	9
TOTALS ..	65	38	27	27	12	17	9

*One of the samples of ice cream (sold loose) which had a satisfactory Methylene Blue grading of 2, was unsatisfactory in that it contained significant numbers of coliform bacteria of intestinal origin.

It is clearly apparent from the figures tabulated above that no exception could be taken to the bacteriological quality of the wrapped ice cream, but the same cannot be said for twenty seven of the samples of ice cream sold loose which failed to comply with the tests, which indicates that there is much room for improvement in the hygienic standard of this type of ice cream.

Of twelve samples of ice cream collected from the production units at manufacturers' premises only one failed to give a satisfactory hygienic quality grading.

Domestic Water Supplies:

Samples of water from private houses have been collected from the town and district during the year. The results obtained from bacteriological analyses show that a safe and satisfactory quality standard has been maintained throughout.

During the second half of the year similar samples collected from domestic premises in the Bury, Rawtenstall, Bacup and surrounding districts were examined and reports issued to the Waterworks Engineer.

Swimming Bath Waters:

The efficiency of the water treatment processes at each of the public swimming baths was regularly assessed by means of bacteriological analyses supplemented with chemical tests. Similar analyses were carried out on samples of water from the swimming baths at local schools. The results obtained show that suitable treatment conditions and satisfactory water quality have been maintained.

Fertilisers and Feeding Stuffs:

12 Fertilisers and 13 Feeding Stuffs have been analysed.

The following samples were shown by analyses not to agree with the particulars on the Statutory Statements:

FERTILISERS:	Four unsatisfactory samples.
DRIED BLOOD:	This was sold without an accompanying Statutory Statement indicating the nitrogen content.
DRIED BLOOD:	This contained 7.7 per cent nitrogen in excess of that declared; not to the detriment of the purchaser.
DRIED BLOOD:	Contained 4.5 per cent nitrogen in excess of that declared; not to the detriment of the purchaser.
DRIED BLOOD:	Deficiency in nitrogen to the extent of 28.8 per cent of the amount declared. This sample had a particularly high moisture content.

FEEDING STUFFS:

DAIRY CAKE:	Deficiency in the amount of oil declared to the extent of 36.7 per cent.
LAYING MEAL:	Contained an excess of 3.4 per cent oil on the declared amount; not to the prejudice of the purchaser.
TURKEY FATTENING MEAL	Deficiency in the amount of oil and protein declared to the extent of 28.7 per cent and 9.1 per cent respectively.
GRASS MEAL:	Composition satisfactory. Declaration in unsatisfactory form.
BROILER FINISHER PELLETS:	Contained 8.3 per cent more protein than the amount declared; not to the prejudice of the purchaser.
PORKER MEAL:	Declared copper content 150 parts per million; copper present 120 parts per million.
PIG CREEP PELLETS:	Declared copper content 150 parts per million; copper present 110 parts per million.
WEANERS AND GROWERS FEEDING STUFF	There was no indication of added copper in the declaration but the sample contained 200 parts per million of copper.

The remainder of the samples agreed substantially with the declaration on the Statutory Statements, having regard to the prescribed limits of variation.

Atmospheric Pollution:

This annual review includes a period in the early part of the year when the country was in the throes of some of the worst winter weather experienced since meteorological records have been available. It was certainly the worst winter in living memory.

Although Bolton and the surrounding district did not fare so badly as some parts of the country, nevertheless the Borough was in the icy grip of exceptionally cold weather for weeks on end.

The general preoccupation of people at the time was keeping warm, and to this end the amount of fuel consumed during the period rocketed up. The consequent increase in atmospheric pollution at that time was inevitable. In January and February the amount of sulphur dioxide in the local atmosphere was very much higher than for the corresponding months of the previous year. A particularly bad spell of foggy weather in February had the usual severe adverse effect upon pollution levels. The differences between the figures for February 1962 and 1963 are very significant, the 1963 figure being almost precisely double the corresponding figure for 1962.

When the average 1963 annual mean level of sulphur dioxide came to be calculated it was seen that there was a small increase on the corresponding figure for the previous year, the main reason for this being the particularly high results obtained in the month of February. Notwithstanding these unusual conditions due to the weather, the sulphur dioxide average for the year was less than that recorded for the years prior to 1960.

Although there was a corresponding high figure for the smoke recorded in Bolton for February 1963, as a consequence of the reduction in smoke achieved during the remainder of the year, the overall average did in fact show a reduction compared with the annual figure for 1962.

The measurement of certain polynuclear hydrocarbons in smoke continued throughout the year. The effect of the increased air pollution at the beginning of the year to which reference has been made also had an effect on the amount of polynuclear hydrocarbons recorded. The annual average figures from five sites show that although there was a reduction in the figure for 1:12 Benzperylene, there was a significant increase in the amount of 3:4 Benzpyrene. The level of pyrene, although representing a very slight increase, was in fact very similar in amount to that recorded over the past four years. As there has been a consistent decrease in the smoke level during the later period the data for hydrocarbons expressed as parts per million of the smoke tends in general to show slight increases.

The instruments which provide for these measurements are installed at nine selected sites in a grid across the Borough. This has been supplemented with determinations of smoke and sulphur dioxide inside and outside dwelling houses burning smokeless fuel.

The very significant reduction in smoke during the summer months, and the trend of smoke pollution during the past four years are shown in diagrammatic form and the tabulated data on air pollution is also shown in accompanying tables.

Miscellaneous Examinations:

A large variety of samples of miscellaneous character and origin are submitted to the laboratories during the course of a year. Many of these originated as complaint samples of food brought in by the general public via the public health inspectors. This miscellany of samples included the following:

MOULDY FOOD The following articles of food were all contaminated to varying degrees with fungal growths:
Madeira cake, Swiss Roll, sliced loaf (£10 fine, £10 13s. costs), malt loaf, apple strudel (£10 fine, £5 5s. costs),
Contamination in each case was with common moulds.

INSECTS IN FOOD A type of house fly (*Muscina stabulans*) was present in canned pineapple, a black beetle (*Blaps mucronata*) in canned raspberries and a Mexican bean beetle (*Spermophagus subfasciatus*) was found in a can of infant food. Dried milk powder contained a blow-fly (not present in product as sold), a spider beetle (*Ptinus tectus*) in an apple tart (£10 fine, £5 16s. 6d. costs), a type of clothes moth (*Tinea pellionella*) in a meat and potato pie, a wasp in a beef curry mixture and the head of a wasp in a stick of rock (sugar confectionery). A bilberry tart contained a Dor beetle (*Geotrupes stereocarius*) and a sample of butter contained parts of a cockroach. A beetle (minus its head), was present in a jar of jam and some dried peas contained mites. A packet of raisins contained three live insect larvae, a large number of insect eggs and associated insect webbing.

MISCELLANEOUS CONTAMINATION

Several samples of bread were contaminated. One contained dust and dirt, another dust, dirt and fibrous matter from sacking. A partly smoked cigarette had been baked in one loaf (fine £10, £5 10s. costs), and some dirty greasy paper in another (fine £15, £5 5s. costs). Another loaf contained lumps of dirty dough and yet another jute fibres which had been baked in the loaf. A dinner cob (white bread roll) contained lumps of dark brown wheat flour.

A wide variety of "foreign" matter was found in other articles of food. A toasted flour cake had raspberry seeds adhering to it, pale ale had a sediment of yeast cells which contained large clumps of iron bacteria. An Easter Egg had a human hair moulded in the chocolate, a bottle of milk contained coal ash, and a cream bun contained a pledget of dirty cotton fibres. The black material in a wine cake was extraneous burned sugary matter, and a meat pie contained traces of purple dye from markings made on the carcass from which the meat had been obtained. Purple colour in another meat pie was due to the inclusion of a single bilberry fruit. String was found in samples of potato crisps, meat pie and hot-pot. A bilberry tart contained a hexagonal steel nut and a sample of butter had a fragment of black rubber in it. A sample of white sugar contained agglomerations of dirty sugar crystals, canned fruit salad was found to contain copper in excess of the permitted amount. In the cases of a piece of twisted metal submitted with a bar of toffee and a piece of glass sent in with a tea cake, there was nothing to suggest that these foreign objects had been in the goods when sold. In fact in the latter case the glass was from the complainant's own butter dish.

Samples from a large consignment of imported dried peas were contaminated with borax - these peas were exported. A somewhat unusual complaint was that of a tablet in a bar of chocolate. The tablet was found to be a compound Vitamin B tablet of nicotinamide, aneurine hydrochloride and riboflavine.

A can of peas contained a feather from a domestic fowl which had been dyed bright green with the colouring matter used to dye the peas. The manufacturer was fined £10 and £5 5s. costs.

Samples of cooked ham, Australian canned corned mutton, frozen Chinese rabbits and a chicken sandwich had all undergone slight putrefactive changes and were unfit to eat.

One almost ceases to be surprised at the variety of samples submitted, but some measure of surprise was evoked when an evil-smelling plastic hammer was submitted for examination. This had been manufactured in Hong Kong and was intended as a baby's rattle. Some water had gained access at the junction of the handle and head of the hammer and the foul odour was due to the putrefying lentils contained inside.

Samples found to be satisfactory:

By no means all of the complaints submitted to the laboratory were justified as such, although the majority necessitated careful investigation to

elucidate alleged shortcomings. The following samples were found to be satisfactory- rice, milk, beans and sprouts, vitamin syrup, fresh tomatoes, canned potatoes, meatburger, corned beef, brown bread, boiled ham, white bread, egg sandwiches, salmon spread, canned butter beans, chicken sandwich, canned apples and a cooked lamb chop.

Additional Miscellaneous Examinations

Manufacturers' samples were examined regarding the quality of tomato sauce and tomato puree, raspberry syrup (with added artificial colouring) and samples of fat as used in the manufacture of ice cream.

Samples of gas coke, other smokeless fuels and petrol were tested for quality. A factory effluent was analysed to determine the content of phenyl acetic acid. Samples of dust were analysed and some floor sweepings were examined for rat hairs which were shown to be present.

A number of miscellaneous water samples were tested with reference to pollution of a stream. The quality of water in a paddling pool was checked and samples examined with reference to suspected leakages from water mains and sewers.

FOR THE EDUCATION DEPARTMENT

AND BOLTON SCHOOL:

FOR THE BOROUGH ENGINEER:

40 Swimming Bath Waters.

4 water samples, 1 cleansing fluid,
1 sewage sample and 2 samples of
paint.

FOR ATHERTON U.D.C.:

6 Waters.

FOR WORSLEY U.D.C.:

6 Waters.

FOR RADCLIFFE BOROUGH:

1 Air Sample

FOR FARNWORTH BOROUGH:

1 Sausage Roll

FOR PRIVATE SOURCES:

27 Miscellaneous Samples.

Waterworks Committee:

The number of water samples examined in the Borough Laboratories for the Waterworks Committee during 1963 was 1722. This was an increase of 732 samples compared with the number examined in 1962 (990).

The considerable extension of the Statutory Area of Supply of the Bolton Water Undertaking as from 1st April 1963 was the reason for this substantial increase in the number of samples analysed.

The samples examined included regular weekly bacteriological analyses of all sources of supply with supplementary check analyses for pH value, residual chlorine, colour, iron and aluminium etc. Similar analyses were carried out on raw, untreated waters to assess the performance of filtration plants and applied chemical treatment. Periodic samples from the same sources were subjected to full chemical analysis.

Throughout the year samples were regularly collected from consumers' premises for bacteriological analysis and chemical tests. These extended over the entire revised Statutory Area of Supply during the latter half of the year.

A number of reports on special investigations and surveys were provided for the Water Engineer with special reference to sources of supply in the new additional Statutory areas.

Abstracts from statistical data on the natural fluoride content of the local water supplies is reproduced below.

FLUORIDE CONTENT

AREA OF SUPPLY	FLUORIDE (F) PARTS PER MILLION		
	AVERAGE	MAXIMUM	MINIMUM
Bolton	0.20	0.30	0.15
Irwell Valley	0.18	0.35	0.10
Bacup	0.15	0.20	0.10

Bolton and the surrounding area is served with water which is maintained at a high standard of chemical and bacteriological quality. Fortunately the water contains little dissolved mineral matter and thus is typically fairly soft. The variations in the small amounts of hardness in the locally distributed supplies are shown below.

HARDNESS

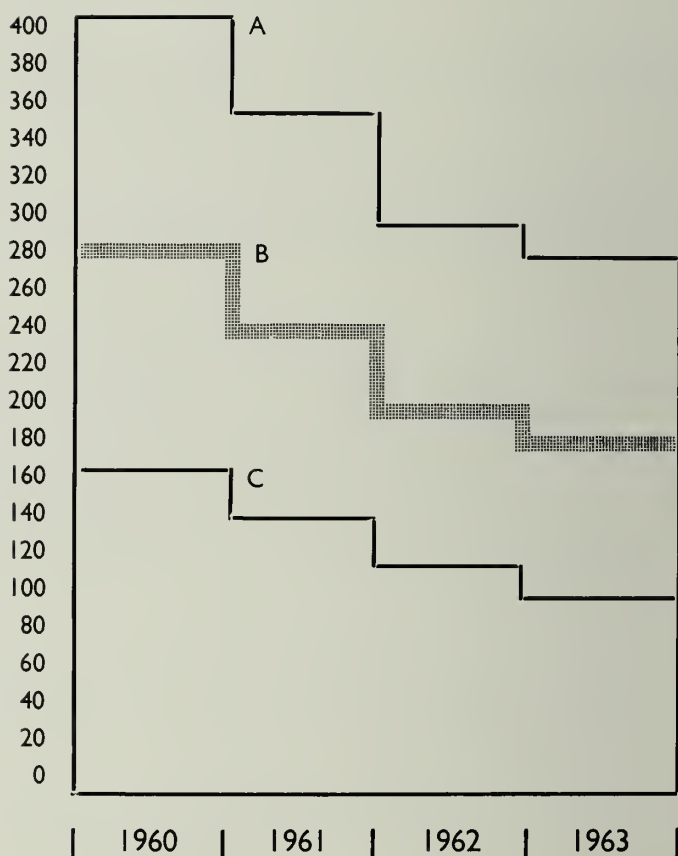
Area of Supply	Total Hardness			Calcium Hardness			Magnesium Hardness			Alkalinity		
	Ave.	Max.	Min.	Ave.	Max.	Min.	Ave.	Max.	Min.	Ave.	Max.	Min.
Bolton	39	72	26	27	60	13	13	18	6	21	36	7
Irwell Valley . .	36	52	19	24	47	14	11	22	4	13	17	8
Bacup	46	53	26	29	36	17	13	17	10	14	19	8

All results expressed as p.p.m. CaCO_3

COUNTY BOROUGH OF BOLTON

ATMOSPHERIC SMOKE

Micrograms per cubic metre of air



A Jan. - Mar. and Oct. - Nov.

B Whole year

C April to September

TABLE A
Samples Examined under the Food and Drugs Act

Article	Number Examined			Number Adulterated or otherwise giving rise to irregularity		
	Formal	Informal	Total	Formal	Informal	Total
Milk	284	311	595	11	-	11
Almonds	3	-	3	-	-	-
Angelica	-	4	4	-	-	-
Apples	-	1	1	-	-	-
Asiatic Foods	-	11	11	-	1	1
Bacon	-	4	4	-	-	-
Barley	-	11	11	-	7	7
Beans, Butter	-	1	1	-	-	-
Beans, Dried	-	1	1	-	-	-
Beer	-	4	4	-	-	-
Blancmange Powders	-	3	3	-	1	1
Beverage, Caffeine free	-	1	1	-	-	-
Butter	-	13	13	-	-	-
Buttered Bread, Scones etc.	4	-	4	1	-	1
Butter Confectionery	3	-	3	-	-	-
Cabbage	-	6	6	-	-	-
Cake, Cream Sandwich	-	4	4	-	1	1
Cake, Fruit	-	3	3	-	-	-
Cake, Malted	-	1	1	-	1	1
Celery	-	11	11	-	-	-
Celery, dehydrated	-	1	1	-	-	-
Cereals, Breakfast	-	8	8	-	-	-
Cheese	-	6	6	-	-	-
Cherries, Cocktail	-	4	4	-	-	-
Cherries, Glacé	-	1	1	-	-	-
Cider	-	3	3	-	-	-
Coconut Oil	-	1	1	-	-	-
Coffee, and Coffee Preparation	-	3	3	-	-	-
Coffee & Chicory Essence	-	4	4	-	2	2
Confectionery	1	2	3	-	-	-
Cornflour, Flavoured	-	1	1	-	-	-
Crab, Dressed	3	-	3	1	-	1
Cream of Tartar	-	1	1	-	-	-
Crispbread	-	5	5	-	-	-
Currants	-	4	4	-	-	-
Custard Powder	-	3	3	-	-	-
Fish Cakes	4	-	4	1	-	1
Fish Paste	2	-	2	-	-	-
Fish, Potted	1	-	1	-	-	-
Fish Spread	1	-	1	-	-	-
Flour, Plain	4	-	4	-	-	-
Fruit, Canned	3	-	3	-	-	-
Fruit Curd & Fruit Flavour Curd	-	5	5	-	2	2
Groundnut Oil	-	1	1	-	1	1
Herbs, Dried	-	3	3	-	-	-
Ice Cream Powder	-	2	2	-	-	-
Ice Lolly Mixture	-	3	3	-	1	1
Ice Lolly Syrup	-	1	1	-	-	-
Infant Food	-	7	7	-	-	-
Lentils	-	8	8	-	4	4
Lettuce	-	10	10	-	-	-
Marmalade	-	5	5	-	2	2
Marzipan	-	4	4	-	-	-
Meat, Canned	-	1	1	-	-	-
Meat, Potted	2	-	2	1	-	1
Meat Loaf, Canned	-	3	3	-	-	-
Milk Shake	-	1	1	-	1	1

Article	Number Examined			Number Adulterated or otherwise giving rise to irregularity		
	Formal	Informal	Total	Formal	Informal	Total
Mince meat	3	2	5	-	-	-
Mustard Oil	-	1	1	-	-	-
Non-Brewed Condiment ..	1	-	1	-	-	-
Onions, Cocktail	-	3	3	-	-	-
Onions, dehydrated	-	2	2	-	1	1
Offal, Chicken	-	1	1	-	-	-
Oranges, Fresh	-	4	4	-	-	-
Palm Oil	-	1	1	-	-	-
Peas, Dried	-	15	15	-	3	3
Peas, Canned	6	2	8	-	-	-
Pears, Fresh	-	2	2	-	-	-
Peel, Cut Mixed	3	1	4	-	-	-
Pickles	-	9	9	-	3	3
Potatoes, Canned	-	2	2	-	-	-
Pudding, Christmas	-	6	6	-	-	-
Pudding, Rice	-	5	5	-	-	-
Raisins	-	4	4	-	-	-
Rice	-	18	18	-	4	4
Saffron	-	2	2	-	-	-
Sago	-	1	1	-	-	-
Salad Cream & Mayonnaise ..	-	4	4	-	-	-
Sauce, Brown	-	12	12	-	-	-
Sauce, Oyster Flavour	-	1	1	-	1	1
Sauce, Tomato	1	3	4	1	1	2
Sausages	8	-	8	5	-	5
Semolina	-	1	1	-	-	-
Soft Drinks	1	-	1	-	-	-
Soft Drink Crystals	-	2	2	-	-	-
Slimming Preparations (Foods)	-	2	2	-	-	-
Soup, Canned	5	-	5	-	-	-
Soup, dehydrated	-	3	3	-	-	-
Spices	-	15	15	-	3	3
Sprouts, Brussel	-	9	9	-	-	-
Sugar	4	-	4	1	-	1
Sultanas	-	4	4	-	-	-
Tapioca	-	5	5	-	3	3
Tea	3	-	3	-	-	-
Tomatoes	-	16	16	-	-	-
Tomato Paste	-	1	1	-	1	1
Vegetables, mixed dehydrated	-	1	1	-	-	-
Vinegar, Malt	5	1	6	-	-	-
Walnuts	1	-	1	-	-	-
Whisky	4	-	4	-	-	-
Analgesic Tablets	-	1	1	-	-	-
Antihistamine Preparations ..	-	2	2	-	-	-
Antiseptic	-	1	1	-	-	-
Barbiturate Preparations ..	-	2	2	-	-	-
Bronchodilator Preparation ..	-	1	1	-	-	-
Cascara Sagrada Tablets ..	-	3	3	-	-	-
Chilblain Treatment Preparations	-	5	5	-	-	-
Cough Mixture	-	3	3	-	1	1
Cod Liver Oil and Malt	-	4	4	-	-	-
Dusting Powder	-	4	4	-	2	2
Ear Drops	-	3	3	-	-	-
Eye Drops	-	4	4	-	1	1
Eye Lotion	-	1	1	-	-	-
Formalin Tablets	-	5	5	-	-	-
Glycerine and Thymol	-	6	6	-	-	-
Halibut Liver Oil Capsules ..	6	-	6	2	-	2
Herbal Mixture	1	-	1	-	-	-
Indian Brandy	-	1	1	-	-	-

Article	Number Examined			Number Adulterated or otherwise giving rise to irregularity		
	Formal	Informal	Total	Formal	Informal	Total
Medicated Foot Powder ..	-	5	5	-	-	-
Nicotinic Acid Tablets	-	6	6	-	-	-
Ointment	-	1	1	-	-	-
Paraffin, Liquid	-	6	6	-	-	-
Pholcodine Linctus	-	4	4	-	-	-
Scalp Preparation	-	3	3	-	1	1
Senna Tablets	-	1	1	-	-	-
Sulphadimidine Tablets	1	-	1	-	-	-
Sulphadimidine Suspension ..	1	-	1	-	-	-
Sulphamethizole Tablets ..	1	-	1	-	-	-
Tablets Proprietary	4	1	5	-	-	-
Tonic Proprietary	-	3	3	-	1	1
Trisulphonamide Suspension ..	1	-	1	-	-	-
Trisulphonamide Tablets ..	1	-	1	-	-	-
Vegetable Laxative Tablets ..	-	2	2	-	-	-
Totals	376	730	1,106	24	50	74

Total No. of Samples analysed during the year = 1,105.

Total No. of Samples adulterated 74 = 6.7%

TABLE B

Unsatisfactory samples of Foods and Drugs

1) Unsatisfactory Foods

MILK:	<p>Eleven samples were reported as adulterated. In eight of the eleven cases the sample contained less than the minimum of 3 per cent of fat; the deficiency varied between 5.3 and 17.3 per cent. Although the individual samples were deficient, the consignment of which they formed a part had in each case a fat content which exceeded 3 per cent.</p> <p>One sample contained not less than 2.2 per cent extraneous water (Prosecution - Fine £3 and £3 2s. costs).</p> <p>Two samples on the same date from the same suppliers each contained not less than 4.6 per cent extraneous water (Prosecution - Two fines of £10 and £10 13s. costs).</p>
BARLEY:	Seven samples were contaminated to varying degrees with mites; some were reported as unfit for human consumption. Stock surrendered and destroyed by incineration.
SAUSAGE:	One sample of pork sausage and four samples of beef sausage all contained sulphite preservative without declaration. Additionally one of the beef sausage samples contained an excessive amount of fat and was deficient in lean fat-free meat to the extent of 12.4 per cent. The vendors were cautioned.
BLANCMANGE POWDER:	The labelling of the Carton included the words "With added Glucose" prominently displayed no less than six times. Less than 0.4 per cent of glucose was shown to be present. The manufacturers were communicated with.
BUTTERED SCONES:	The fat spread on the scones consisted entirely of margarine. This sample was purchased as buttered scones, but the vendor had a notice displayed indicating that margarine was used in the establishment.
CAKE:	This cream sandwich cake had a small piece of solid fuel (coke) embedded in the cream filling. Bakery cautioned.
COFFEE & CHICORY ESSENCES:	Two samples deficient in caffeine to the extent of 9.2 per cent and 6 per cent. Manufacturers cautioned. One of these was a product which is now no longer imported.
CORIANDER SEED:	Contaminated with dead mites.
CURRY POWDER:	Each of these prepacked articles was sold in a container devoid of labels. Vendors informed of Statutory requirements of The Labelling of Food Order.
DRIED PEAS (2 samples)	
GROUNDNUT OIL	
GANGA PEAS:	
TAPIOCA (2 samples):	One of the rice samples was contaminated with dead mites.
RICE (3 samples):	
FISH CAKES:	This sample was deficient in fish to the extent of 45.7 per cent. Legal proceedings instituted.
DRESSED CRAB:	Contained an excessive amount of farinaceous filler (dry starch 10.1 per cent). (Prosecution - Fine £5 and £3 3s costs).
ICE LOLLY MIX:	There was no declaration of ingredients as required by the Labelling of Food Order 1953 (as amended.) The manufacturers agreed to amend the labels in two cases. The compound asafetida was of Asiatic manufacture.
MILK SHAKE:	
COMPOUND ASAFOETIDA:	

LENTILS (4 samples): Three samples were contaminated with small numbers of mites and in one of these, extraneous earthy, gritty matter was present. One sample was heavily contaminated with live mites and was unfit for human consumption; the remaining stock was destroyed by incineration.

LEMON CHEESE (2 samples): One had a slight deficiency of the prescribed minimum of soluble solids.

The other sample listed on the label margarine as being the fat present in greatest proportion. The underside of the lid of the jar had printed in large letters "Contains Fresh Eggs and Butter".

The manufacturer discontinued the use of the lids so labelled.

MARMALADE (2 samples): Both deficient in the Statutory requirement of soluble solids. Deficiencies of 0.92 and 2.77 per cent. Manufacturers cautioned.

MANGO PICKLES (2 samples): One was labelled as containing preservative. None of the permitted preservatives were present. The other, of foreign manufacture failed to disclose a list of ingredients on the label.

MUSTARD SEEDS: These were heavily contaminated with mites and were unfit for human consumption. The stock was surrendered and destroyed by incineration.

MALTED CAKE: The sample was described on the label as "Guaranteed to comply with the Food and Drugs Act". Mould growth was present. Vendor interviewed.

ONIONS, DEHYDRATED: These were contaminated with dirty cotton fibres. Manufacturer cautioned.

PICCALILLI: The ingredients were not disclosed on the label in the correct order and the sample contained synthetic colouring the presence of which was not disclosed on the label.

The manufacturer agreed to discontinue the addition of artificial dye until satisfactory labels were printed.

POTTED MEAT: Deficient in meat to the extent of 22 per cent (Prosecution - Fine £5 and £3 3s. costs).

RICE: Contaminated with dead mites. Vendor cautioned.

SAUCE, OYSTER FLAVOURED: This was an Asiatic product. It contravened the Preservatives in Food Regulations 1962 in that it contained benzoic acid, and no less than 1070 parts per million of this chemical were present in the sauce. The labelling failed to comply with the requirements of The Labelling of Food Order, 1953.

The stocks of this sauce were withdrawn from sale.

SUGAR: This was Dark Barbados Sugar which contained pieces of fibrous material and the leg of a large foreign insect.

TAPIOCA: Slight contamination with mites.

TOMATO PASTE: Contained extraneous pieces of leaves.

TOMATO SAUCE (two samples): This was 25 per cent deficient in tomato solids. Manufacturer communicated with by legal department.

(2) Unsatisfactory Drugs:

BLOOD PURIFIER AND TONIC: Liquor Potass. listed on the label not present in the mixture. Manufacturer cautioned.

- DUSTING POWDER
(2 samples): Contained an unusually large proportion of Zinc Oxide. Although not sold as a B.P.C. preparation having regard to the constituents the manufacturer was warned that the cautionary labelling required by the B.P.C. should apply. This required that the powder should be labelled "Not to be applied to raw or weeping surfaces".
- Another dusting powder, although labelled as a B.P.C. preparation also failed to provide the cautionary notice. This sample was 39.2 per cent deficient in boric acid. Manufacturer cautioned.
- COMPOUND SYRUP OF
CAMPHOR: Described as a B.P.C. preparation but deleted from editions of B.P.C. subsequent to 1949. Label to be amended.
- EYE DROPS: Contained 37.7 per cent excess of sodium borate and 69.9 per cent excess of boric acid. Manufacturer cautioned.
- HALIBUT LIVER OIL
CAPSULES (2 samples): Compositionally satisfactory. Labelling inadequate. Manufacturers communicated with.
- SCALP LOTION: Contained 40 per cent excess of the stated content of dicophane (D.D.T.). Manufacturer cautioned.

TABLE C

Atmospheric Pollution

Smoke—Daily Averages

(micrograms per cubic metre of air)

Site	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Daily average of each site for			
													1963	1962	1961	1960
1 Boot Lane	318	279	158	121	51	35	45	41	78	98	171	201	133	152	187	225
2 Astley Street	495	401	336	243	162	92	103	118	175	244	310	405	257	290	344	466
3 Tonge Moor	311	285	250	182	76	68	99	109	164	217	269	343	198	180	237	270
4 Lostock Open Air School	257	186	122	83	41	29	43	31	73	84	142	182	106	127	158	167
5 Central Police Office	355	279	195	123	74	48	57	50	100	122	199	255	155	183	206	246
6 Withins Clinic	319	265	206	147	94	52	64	75	122	158	214	285	167	185	241	268
7 Lock Lane	357	264	183	135	77	51	61	57	104	145	220	268	160	173	234	258
8 Grecian Mill	499	392	267	204	122	85	94	102	172	220	324	537	252	263	323	357
9 Darcy Lever	317	264	228	193	125	70	85	92	153	196	273	371	197	209	254	272
Daily average (each month) of all sites, 1963 ..	359	291	216	159	91	59	72	75	127	165	236	316	181			
„ 1962 ..	384	196	290	149	115	80	69	87	144	229	300	307		196		
„ 1961 ..	448	316	277	236	149	97	77	88	154	247	327	498			243	
„ 1960 ..	450	400	270	250	180	80	110	150	210	320	390	560				281

TABLE D
Atmospheric Pollution
Sulphur Dioxide—Daily Averages
(Micrograms per cubic metre of air)

Site	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Daily average of each site for			
													1963	1961	1962	1960
1 Boot Lane	413	390	234	143	96	87	96	82	125	137	252	318	198	181	186	180
2 Astley Street	587	477	316	201	139	126	141	145	189	255	360	474	284	279	287	343
3 Tonge Moor	343	335	284	177	119	112	129	120	155	201	308	340	219	169	150	177
4 Lostock Open Air School	419	318	218	156	101	78	82	73	125	142	207	295	185	177	182	166
5 Central Police Office	578	450	339	222	187	116	128	116	168	203	274	439	268	279	271	263
6 Withins Clinic ..	461	349	262	183	138	109	120	119	169	203	274	341	227	204	206	186
7 Lock Lane	466	351	235	179	118	104	112	87	143	149	237	332	209	201	195	192
8 Grecian Mill	620	499	293	207	157	139	142	132	195	197	249	652	290	268	279	289
9 Darcy Lever	445	366	308	210	163	129	135	135	170	214	301	336	243	207	217	197
Daily average (each month) of all sites, 1963 ..	481	393	277	186	135	111	121	112	160	189	274	392	236			
" , 1962 ..	343	195	320	173	164	142	120	108	157	241	308	359			219	
" " 1961 ..	322	246	224	214	157	110	92	103	136	187	287	542		218		
" " 1960 ..	337	303	240	212	177	126	100	137	154	217	275	380				221

TABLE E

Atmospheric Pollution

3:4 Benzpyrene—Monthly Averages

(Micrograms per 100 cubic metres of air)

Site	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Average of each site for			
													1963	1962	1961	1960
2 Astley Street	16.8	11.7	8.1	5.6	2.9	0	0	0	2.2	4.6	7.4	14.8	6.2	3.4	3.9	4.0
4 LOSTOCK Open Air School	4.2	4.7	2.2	1.1	0.5	0.6	0.5	0	1.1	1.0	4.9	4.2	2.1	2.0	1.9	1.8
5 Central Police Office	9.2	7.8	2.4	2.4	4.3	1.2	0	0	0	1.5	4.7	8.1	3.5	2.4	2.1	2.1
6 Withins Clinic ..	6.0	7.1	4.7	2.0	1.0	1.0	0.9	0	0	2.9	8.1	7.8	3.5	1.9	2.4	2.4
8 Grecian Mill	17.7	9.8	4.5	2.3	1.3	1.3	0	3.5	0	2.5	11.8	14.2	5.7	3.0	3.8	2.7
Monthly average of all (5) sites 1963 ..	10.8	8.2	4.4	2.7	2.0	0.8	0.3	0.7	0.7	2.5	7.4	9.8	4.2			
„ 1962 ..	9.3	2.3	2.4	1.3	0.4	0.1	0.2	0.2	1.0	0.8	5.0	7.4		2.5		
„ 1961 ..	7.2	4.0	2.9	2.4	1.1	0.3	0	0.1	0.1	0.4	3.9	11.4			2.8	
„ 1960 ..	2.6	3.7	1.8	2.1	1.0	0.1	0	0	0.2	2.3	6.8	10.5				2.6

TABLE F
Atmospheric Pollution

1 : 12 Benzperylene—Monthly Averages
(Micrograms per 100 cubic metres of air)

Site	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Average of each site for		
													1963	1962	1960
2 Astley Street	9.8	15.4	8.1	5.9	2.9	2.4	3.5	1.0	4.2	7.6	9.4	9.2	6.6	7.7	8.9
4 Lostock Open Air School	5.8	2.9	2.6	2.8	0.4	0	0	0.2	1.3	3.2	0	4.2	2.0	2.5	2.6
5 Central Police Office	4.0	2.4	3.8	2.2	0	0	0.1	0.3	0.6	2.3	2.3	5.8	2.0	4.7	4.6
6 Withins Clinic ..	11.6	4.4	3.4	3.9	2.7	0.4	1.3	0.7	1.9	3.7	2.4	10.0	3.9	3.1	5.3
8 Grecian Mill	8.7	8.7	4.5	4.0	2.9	0.3	3.5	0	0.9	5.8	4.0	16.7	5.0	6.2	5.7
Monthly average of all (5) sites 1963 ..	8.0	6.8	4.5	3.8	1.8	0.6	1.7	0.4	1.8	4.5	3.6	9.2	3.9		
„ 1962 ..	11.4	6.8	7.7	3.7	2.6	1.7	1.0	1.7	4.6	2.3	8.8	5.6		4.8	
„ 1961 ..	9.0	7.4	7.2	4.7	2.8	1.1	1.3	0.9	2.7	5.7	9.0	13.1			5.4
„ 1960 ..	7.9	12.3	5.5	7.1	3.6	1.3	2.1	1.5	5.8	8.5	8.5	13.6			6.5

TABLE G

Atmospheric Pollution

Pyrene—Monthly Averages

(Micrograms per 100 cubic metres of air)

Site	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Average of each site for			
													1963	1962	1961	1960
2 Astley Street	16.5	2.8	3.0	1.9	0.7	0.5	0.1	0.1	0.1	2.4	2.7	8.1	3.2	2.6	2.7	2.7
4 Lostock Open Air School ..	5.3	2.6	1.8	0.8	0.3	0.3	0.4	0.4	0.3	0.5	1.4	1.6	1.3	1.6	1.2	1.3
5 Central Police Office	8.6	4.0	0.5	0.8	0.3	0.2	0.2	0.1	0.3	0.4	1.1	2.8	1.6	1.6	1.5	1.4
6 Withins Clinic ..	3.5	3.3	1.5	0.5	0.3	0.2	0.2	0	0	0.4	3.3	7.8	1.8	1.6	1.8	2.6
8 Grecian Mill	9.3	7.1	2.5	1.3	0.6	0.3	0.3	0.2	0.5	1.5	6.6	8.5	3.2	2.5	2.3	2.6
Monthly average of all (5) sites 1963 ..	8.6	4.0	1.9	1.1	0.4	0.3	0.2	0.2	0.2	1.0	3.0	5.8	2.2			
„ 1962 ..	8.3	2.5	2.5	1.0	0.3	0.1	0.1	0.1	0.1	0.6	4.2	4.2		2.0		
„ 1961 ..	5.8	2.3	2.1	0.4	0.4	0.1	0.1	0.06	0.15	0.5	2.2	8.6			1.9	
„ 1960 ..	2.9	4.7	1.4	1.2	0.6	0.3	0.2	0.1	1.0	1.6	4.1	6.9				2.1

TABLE H
Atmospheric Pollution
3 : 4 Benzpyrene—Monthly Averages
(Concentration expressed as parts per million of the smoke)

Site	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Average of each site for			
													1963	1962	1961	1960
2 Asney Street . . .	340	292	243	230	180	0	0	0	123	189	238	365	183	96	78	68
4 Lostock Open Air School . . .	165	250	177	126	127	194	119	0	148	124	343	231	167	94	85	77
5 Central Police Office	261	278	124	194	583	239	0	0	0	122	234	316	196	91	60	65
6 Withins Clinic . .	188	266	230	139	101	193	144	0	0	184	380	274	175	77	73	62
8 Grecian Mill . . .	353	251	169	112	103	155	0	340	0	114	363	264	185	79	90	53
Monthly average of all (5) sites 1963 . .	261	267	189	160	219	156	53	68	54	147	312	290	181			
„ 1962 . .	208	107	80	78	34	8	18	17	65	39	154	238		87		
„ 1961 . .	155	116	91	100	66	22	0	20	6	18	110	221			77	
„ 1960 . .	64	71	58	78	63	14	0	0	15	76	156	185				65

TABLE I

Atmospheric Pollution

1 : 12 Benzperylene—Monthly Averages

(Concentration expressed as parts per million of the smoke)

Site	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Average of each site for			
													1963	1962	1961	1960
2 Astley Street . . .	199	384	242	243	179	266	335	86	239	312	304	226	251	269	228	232
4 Lostock Open Air School . . .	226	155	208	338	102	0	0	65	174	381	0	229	157	165	151	151
5 Central Police Office	112	85	194	176	0	0	16	55	58	190	116	226	102	198	195	172
6 Withins Clinic . .	363	164	164	268	290	84	212	97	159	235	110	349	208	178	192	221
8 Grecian Mill . . .	174	224	168	194	237	38	369	0	54	262	123	312	180	232	166	204
Monthly average of all (5) sites 1963 . .	215	202	195	244	162	78	186	61	137	276	131	268	180			
„ 1962 . .	277	312	261	199	188	180	113	177	286	89	271	152		209		
„ 1961 . .	187	215	250	186	156	109	151	88	173	206	270	249			187	
„ 1960 . .	157	275	182	226	162	135	164	116	247	257	204	226				196

TABLE J
Atmospheric Pollution
Pyrene—Monthly Averages
(Concentration expressed as parts per million of the smoke)

Site	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Average of each site for			
													1963	1962	1961	1960
2 Astley Street	333	71	90	76	41	51	6	12	8	100	88	200	90	67	55	48
4 Lostock Open Air School	204	139	143	94	61	119	104	124	45	54	100	86	106	88	57	64
5 Central Police Office	243	144	23	63	38	31	33	26	28	30	53	108	68	62	43	41
6 Withins Clinic ..	109	126	72	35	31	37	35	0	0	27	153	272	75	62	57	76
8 Grecian Mill	187	181	94	62	48	38	28	22	27	69	202	158	93	64	47	52
Monthly average of all (5) sites 1963 ..	215	132	84	66	44	55	41	37	22	56	119	165	86			
" 1962 ..	196	119	91	60	22	13	21	13	10	21	130	128		69		
" 1961 ..	125	76	71	18	24	9	35	7	12	19	66	158			52	
" 1960 ..	54	115	44	49	35	33	21	5	48	52	98	120				56

PART V

ADDITIONAL INFORMATION

Medical Examination of Corporation Employees

National Assistance Act, 1948 - Section 47

Persons in need of Care and Attention

The Incidence of Blindness, Epilepsy and Cerebral Palsy

Work done on behalf of the Children's Committee

Co-ordinating Committee - Problem Families

Nursing Homes

Cremation

Rehousing on General Medical Grounds

Baths and Wash-houses

Meteorological Summary

MEDICAL EXAMINATION OF CORPORATION EMPLOYEES

During the year 1,520 examinations were carried out involving 1,513 persons. A summary of these is shown in the following table:

Examination for—	No. of persons examined		No. of persons found unfit	
	Males	Females	Males	Females
Entry into Superannuation Scheme	354	160	2	1
Entry into Sickness Payment Scheme	163	293	5	11
Other medicals, e.g., Fitness to resume employment	19	2	—	—
Retirement on medical grounds	15	—	—	—
Surrender of part pension	2	—	—	—
Fitness to be employed as a teacher	77	61	—	—
Fitness for admission to a Training College	57	78	—	—
Fitness to teach after leaving the Bolton Training College	183	35	—	—
Medical examinations carried out at the request of other Local Authorities	9	5	—	—
TOTALS	879	634	7	12

Of the above, there were fourteen incomplete examinations, i.e. where it was found that a decision had to be deferred and the persons concerned were requested to attend for a further medical examination. One person resigned before a further examination was carried out.

Three hundred and thirty-five persons were sent to mass radiography units and nine to the Bolton Royal Infirmary for chest X-ray when a mass radiography unit was not available. All persons leaving Bolton Training College were sent to the mass radiography unit, and this accounts for two hundred and thirteen referrals. Ninety-eight persons were sent because their employment involved work with children. Nine nurses had chest X-rays before taking up their appointments with the Corporation. The remainder were X-rayed at the request of the examining medical officer. All students examined in connection with their fitness for admission to training colleges were advised to attend for a chest X-ray and information regarding available mass radiography units was supplied. X-rays were arranged at the request of the following authorities — County Borough of Liverpool, County Borough of Burnley, and Dorset County Council. Three teachers were subsequently referred to the Chest Clinic after attending a mass radiography unit.

Two persons were referred to consultants for a further opinion.

One hundred and sixty-six actual and potential public service vehicle drivers were examined during the year.

Seven drivers attended for medical examination regarding fitness to resume driving after a period of sick leave. Four were considered to be unfit, but one is to be reviewed again in 1964.

An analysis of the conditions which caused persons examined for entry into the Superannuation and Sickness Payment Schemes to be found unfit is shown in the following table :-

	Superannuation Scheme		Sickness Payment Scheme	
	Males	Females	Males	Females
Cardiovascular disease (including hypertension)	-	1	3	5
Respiratory System	-	-	-	1
Nervous System	-	-	1	-
Varicose Veins	-	-	-	1
Other conditions	2	-	1	4
TOTALS	2	1	5	11

NATIONAL ASSISTANCE ACT, 1948 - SECTION 47 PERSONS IN NEED OF CARE AND ATTENTION

Powers exist under Section 47 of the National Assistance Act, 1948 (as amended) for the compulsory removal of persons in need of care and attention to a hospital or to accommodation provided under Part III of the National Assistance Act. Such action is only taken as a last resort when a person is in an advanced state of neglect, or suffering from grave chronic disease and in great need of institutional care, but is unwilling to go voluntarily.

As in the previous year, it was not necessary to use these powers.

There are a few elderly people living at home in conditions which are unsatisfactory, but who are unwilling to leave their homes. These cases are kept under close supervision by the officers of the department and it is usually possible, in time, to take appropriate action without using compulsory powers.

THE INCIDENCE OF BLINDNESS, EPILEPSY AND CEREBRAL PALSY

Blindness:

The Register of Blind Persons contained the names of 199 men and 256 women at the end of the year.

Twenty-nine men and sixty-four women were registered as partially sighted.

The ophthalmic surgeons completed a total of thirty-three Forms B.D.8 during the year (11 males; 22 females).

Epilepsy:

The Chief Welfare Officer states that the Register of Handicapped Persons contained the names of twenty-one males and fifteen females suffering from epilepsy. Of these, six men and three women were in colonies for the epileptic, five men and three women were in hostels and ten men and nine women were in their own homes.

The Local Education Authority knew of fifty-eight boys and thirty-three girls attending ordinary schools who were epileptic, and maintained five girls and one boy in special schools for epileptic pupils. In addition, seven boys and four girls were attending other special schools.

Cerebral Palsy:

Only one person suffering from cerebral palsy was on the Register of Handicapped Persons maintained by the Chief Welfare Officer.

The Local Authority were aware of thirty-five children with this handicap. Nine of these children were attending Birtenshaw Hall Special School and one was awaiting admission to Birtenshaw Hall. Four children were attending other special schools, eleven were attending ordinary schools and ten were pre-school children.

Of the subnormal and severely subnormal persons known to the authority, ten males and fifteen females were suffering from cerebral palsy in addition to the mental handicap.

Facilities available for Handicapped Persons:

The welfare of handicapped persons over school age is the responsibility of the Welfare Department, and from the age of two years up to school leaving age it is the responsibility of the Education Authority.

The holiday arrangements for the handicapped at Middleton Towers were very successful, and arrangements have been made for a larger party to travel to Middleton Towers for a week's holiday in 1964.

"The Outwork" side at the Social Centre for handicapped persons continues to increase and there are, on the average, twenty workers engaged on outwork. Meanwhile, the register of handicapped persons continues to increase.

Instruction in the sport of archery is given at the Centre each Wednesday evening and is proving to be most beneficial to the handicapped.

WORK DONE ON BEHALF OF THE CHILDREN'S COMMITTEE

Throughout the year the routine medical supervision of children in care of the Local Authority has been carried out by a medical officer of the Health Department, and all the children have been examined at intervals as laid down by the Home Office Boarding-out Regulations. These examinations were carried out at the larger group homes, Braxmere and Crompton House, and the family group homes.

Each month the medical officer has visited the Elizabeth Ashmore Nursery to examine the children and carry out routine vaccinations and immunisations.

All children for admission to or discharge from a home or nursery have been examined and certified free from infection.

A special quarterly report to the Children's Committee was issued by the Medical Officer of Health and a medical officer attended the meeting to answer any queries raised.

Medical Examinations:

No. of examinations on admission to Homes	..	182
No. of examinations on discharge from Homes	..	155
No. of examinations for boarding-out purposes	..	34
No. of routine examinations: 0 - 1 year	.. ..	79
1 - 5 years	.. ..	119
over 5 years	.. ..	179
TOTAL		<u>748</u>

Nutritional Status:

The nutritional status of all children examined at routine medical examinations was satisfactory.

Classification of Defects needing Treatment found at Routine Medical Examinations:

No. of defects of Teeth	.. .. .	5
„ „ „ „ Chest	.. .. .	6
„ „ „ „ Eyes	.. .. .	35
„ „ „ „ Abdomen	.. .. .	7
„ „ „ „ Ear, Nose and Throat	.. .. .	12
„ „ „ „ Nervous System	.. .. .	4
„ „ „ „ Skin	.. .. .	20
„ „ „ „ Genital System	.. .. .	1
„ „ Psychological defects	.. .. .	7
„ „ Orthopaedic defects	.. .. .	4
Incidence of Anaemia	.. .. .	3
„ „ Obesity	.. .. .	1
„ „ Enuresis	.. .. .	3
„ „ Infectious disease	.. .. .	1

TOTAL NUMBER OF DEFECTS ASCERTAINED: 109

No. of children referred for specialist opinion	..	8
No. of children referred to general practitioner	..	1

CO-ORDINATING COMMITTEE - PROBLEM FAMILIES

Quarterly meetings of this Committee have continued to be held under the chairmanship of the Medical Officer of Health. They are attended by senior officers of each of the departments of the Corporation concerned with the health and welfare of children in their own homes, by the Area Officers of the National Assistance Board, and by representatives of voluntary organisations in the town who are concerned with this problem. These quarterly meetings consider the co-ordination of the services and review the work of the monthly Case Conferences.

I am grateful to Mr. P. E. Varey, Children's Officer, for supplying the following information:

The Case Conferences are held under the chairmanship of the Children's Officer and are attended by officers of Corporation departments, statutory bodies and voluntary organisations most intimately connected with the neglect of children in the town. Wherever it is thought necessary, discussion takes place aimed at safe-guarding the interests of the children and individual members are asked to make their own contribution to the needs of the case.

During the year the Co-ordinating Committee considered a total of 71 families involving 287 children of which 28 families involving 111 children were newly reported cases.

Of the total of 71 families :-

13 families (51 children) were considered to have improved or their needs met to such an extent as to justify their deletion from the register.

6 families (18 children) were deleted from the register, the children having been received into the care of the Local Authority and there being no likelihood of early rehabilitation.

1 family with 2 children left the town.

51 families remained on the register; of these 19 families (67 children) were under constant consideration and of these at least 9 families (36 children) were showing encouraging progress. The remaining 32 families (149 children) were still under supervision, but their problems being considered to be of a chronic nature.

During the year, in the cases of 15 families included above who were in serious rent arrears and threatened with eviction from Corporation houses, the National Assistance Board, through the Co-ordinating Committee, made arrangements for the payment of rent to the Corporation through the agency of the W.V.S. thus avoiding likely eviction.

NURSING HOMES

There are three nursing homes in the town registered under Section 187 of the Public Health Act, 1963. Each nursing home continued to operate during 1963 on the same basis as before.

The Conduct of Nursing Homes Regulations 1963 made by the Minister of Health in exercise of the powers conferred on him by section 1 (1) of the Nursing Homes Act, 1963, came into operation on the 27th August, 1963. These regulations define the facilities and services which the managers of a nursing home registered under Part VI of the Public Health Act, 1936 must provide, and enable the registration authority, normally the county or county borough council, to give notice to the managers if the authority considers that the regulations are not being complied with. The notice should specify what should be done to satisfy the regulations, and if the managers do not comply the registration authority may prosecute. In this way it is possible to exercise more detailed supervision of the operation of nursing homes.

The three nursing homes in Bolton were visited by officers from the Health Department, who discussed with the proprietors the requirements of the new regulations. The standard of services provided in the nursing homes in Bolton is at present sufficient to comply with the regulations.

CREMATION

The "Overdale" Crematorium has now completed nine full years of operation. The details are as follows:-

Year	Number of Bolton Residents cremated	Cremations of persons from other areas	Total Cremations	Approx. percentage of deceased Bolton Residents who were cremated
1955	659	774	1,433	28%
1956	745	1,041	1,786	34%
1957	807	1,028	1,835	36%
1958	861	1,071	1,932	40%
1959	938	1,223	2,161	44%
1960	948	1,324	2,272	46%
1961	1,074	1,501	2,575	47%
1962	1,174	1,575	2,748	53%
1963	1,139	1,657	2,796	51%

REHOUSING ON GENERAL MEDICAL GROUNDS

The Housing Committee continued to allocate fifty houses for persons recommended for rehousing on medical grounds.

The total number of applications received for rehousing was 369.

Fifty recommendations were made, the reasons being:

Tuberculosis	9
Respiratory diseases	11
Heart and circulatory diseases	8
Arthritis	5
Diseases of nervous system	5
Leg amputation	2
Blind persons	2
Long history of chronic ill-health	2
Poor living conditions	2
Miscellaneous	8

In some cases the medical condition of more than one member of the household was taken into consideration.

Rehousing in ground floor accommodation was recommended in 32 cases.

Ninety-two applicants already living in Corporation property were recommended for transfer to more suitable accommodation.

In 18 cases the applicants were living in accommodation in slum clearance areas; they will be rehoused when the property is dealt with under the slum clearance scheme.

In 8 cases the houses were dealt with as individual unfit houses and the applicants rehoused.

Action was taken in some cases through the Chief Public Health Inspector's department to have repairs carried out.

In 5 cases where there was no medical reason for recommending rehousing the cases were referred to the Housing Manager for consideration on social grounds.

Of the 50 persons recommended for rehousing, 25 were rehoused in 1963.

BATHS AND WASH-HOUSES

There was no change in the pattern of administration of the Baths Service. The various establishments offered the following facilities:

BATHS:

High Street	1 Plunge
	9 Slipper Baths
Bridgeman Street	2 Plunges
	25 Slipper Baths
Moss Street	2 Plunges
	18 Slipper Baths
Hennon Street	23 Slipper Baths
	1 Shower Bath
Rothwell Street	15 Slipper Baths
Great Moor Street	Turkish Baths

WASH-HOUSES:

Moss Street	8 Electric Rotary Washing Machines
	6 Hand-washing Stalls
	1 Coin-slot Ironing Machine
Rothwell Street	12 Electric Rotary Washing Machines
	18 Hand-washing Stalls
	1 Coin-slot Ironing Machine

The attendances at the various establishments during the last three years are compared below :

	Swimming Baths			Slipper Baths			Wash-houses		
	1961	1962	1963	1961	1962	1963	1961	1962	1963
High St. Baths	51,137	40,371	63,937	14,334	15,884	16,745			
Bridgeman St. Baths. . .	139,479	116,591	129,043	39,327	45,185	45,958			
Moss St. Baths and Wash-houses . .	113,286	120,697	114,068	35,811	41,564	41,487	23,027	20,732	23,832
Hennon St. Baths				20,568	20,877	19,579			
Rothwell St. Wash-houses				16,951	17,324	15,035	37,280	35,328	29,361
TOTALS . .	303,902	277,659	307,048	126,991	140,834	138,804	60,307	56,060	53,193

TURKISH BATHS:

YEAR	ATTENDANCES
1956	6,991
1957	7,693
1958	7,711
1959	7,498
1960	8,494
1961	11,205
1962	12,389
1963	12,248

Review of Charges:

Charges for most of the facilities provided at the Baths and Wash-houses were increased from the 1st April, 1963.

Attendances:

It is difficult to compare attendances at the swimming baths during the past three years as the plunges at Bridgeman Street and High Street were closed for two months and four months respectively during 1962 and the large plunge at Bridgeman Street was closed for six weeks during 1963. Nevertheless, in spite of the loss of a plunge for six weeks the 1963 attendances have been exceeded only twice in the past ten years.

The attendances of schoolchildren in organised parties for swimming instruction were :

BOLTON EDUCATION AUTHORITY			LANCASHIRE COUNTY COUNCIL	
1961	51,642		6,522	
1962	45,042		4,791	
1963	54,829		8,471	

In accordance with their policy of encouraging young children to learn to swim the Health Committee award each year 150 passes, which entitle the holders to a year's free swimming, to schoolchildren who pass the tests of the Bolton Scholarship Scheme for the Encouragement of Swimming. In addition citizens of Bolton who pass the examination for the bronze medallion of the Royal Life Saving Society are also awarded passes which entitle the holders to a year's free swimming. It is pleasing to note that 243 passes were awarded in 1963 compared with 207 in 1962 and 162 in 1961.

Seventeen swimming clubs took advantage of the facilities for swimming after public hours. In addition to the Bolton Swimming Club and the Bolton Bridgeman Swimming Club, the baths were used by clubs from local industries, youth organisations and schools, a club which specialises in under-water swimming, and two which give swimming instruction to adults.

The slipper baths continued to be well attended. Many of those who attend are students from Commonwealth countries who have taken advantage of the bathing facilities since coming to reside temporarily in Bolton. The attendances at Bridgeman Street Baths, which are situated close to the Technical College, were again a record.

Although there was a slight decrease in the attendances at the Turkish Baths the numbers are still almost double those of ten years ago.

Despite the new Drying Service and the steady modernisation of the equipment the attendances at the wash-houses decreased. With the development of the slum clearance programme there is a tendency for a movement of the population to areas which make it inconvenient to attend the wash-houses. The fact that the charges were raised by $33\frac{1}{3}\%$ could also have contributed to the decrease in attendances. However, as an average of more than a thousand women are attending each week it would appear that the service is still appreciated.

Repairs and Maintenance:

Extensive repairs and renewals have been carried out during the year.

At Bridgeman Street Baths extensive repairs were necessary to prevent a leakage of water from the large plunge.

At Moss Street Baths reconstruction of the terraced seating was completed and the appearance of the plunge was improved by painting in bright colours the original drab porous bricks.

At Rothwell Street Wash-house two new end loading washing machines were installed to replace two worn-out side loading machines and two worn-out hydro-extractors were replaced by new machines fitted with up-to-date safety locking and time limit devices. The five old type baths for children have been replaced by slipper baths to suit all ages and all the baths have been converted to "self-service", this being of great help in times of staff shortage during sickness and at holiday times.

The Turkish Baths have been repainted in bright colours, modern light fittings have been installed, the old carpets have been replaced and the result has been a great improvement in the general atmosphere of the establishment.

Staff:

The staff employed at the baths have been encouraged to qualify for life saving awards. During the year six members of the staff have been awarded the Bronze Medallion, two the Bronze Cross, and one the Award of Merit of the Royal Life Saving Society. There is now a total of fifteen members of the staff who have life saving qualifications.

Plunge Water:

The plunge water in all the public baths is supplied from the town's water mains. The holding capacity of all plunges totals 243,072 gallons, details as follows:

	LARGE PLUNGE			HOLDING CAPACITY (GALLONS)	SMALL PLUNGE			HOLDING CAPACITY (GALLONS)
Bridgeman Street	75'	×	25'	46,875	46'	×	19'	22,444
High Street	75'	×	26'	61,936				
Moss Street	75'	×	30'	75,337	60'	×	21'	36,480

The treatment of the water in each establishment is by the process of continuous filtration with a four-hour turnover, combined with controlled chlorination, sulphate of alumina, and sodium carbonate. Daily tests of the water are made to ensure that the chlorine content of 0.5 to 1.0 parts per million and pH value of 7.0 to 7.5 is maintained.

Visits to the baths at least once a month, at unspecified times, are made by the staff of the Borough Analyst for the purpose of taking samples of the water for chemical and bacteriological analysis. The water in each of the plunges is examined for pH value, free and total residual chlorine content; also from a bacteriological aspect, the examination includes the number of organisms present in the water and tests for the presence and types of coliform organisms.

The results have shown that all the waters are consistently of the same standard of purity as the town's water from which the baths are supplied.

New Public Baths:

The Council have agreed, when considering proposals for the re-development of the town centre, to reserve land for a new public baths.

METEOROLOGICAL SUMMARY, 1963

Compiled at Hall i'th'Wood Observatory by Vincent C. Smith, Esq., Curator and Meteorologist

1963	Humid- ity %	Ave of Max. & Min. Temp. °F	Absolute Extremes of Temperature			Sunshine		Monthly Rainfall Inches	Wet Days	Fog Days	Wind	
			Highest °F	Date	Lowest °F	Date	Monthly Total Hours	Most in one day Hours			Mthly Mileage	Highest Gust in one day m.p.h.
January	87	29	43	26	13	23	56.7	6.5	0.36	7	3155	Out of do.
February	85	30	44	26	18	25	69.0	6.0	0.56	4	3009	do.
March	83	42	57	15	24	2	81.0	9.2	3.51	19	4725	do.
April	83	45	60	26	31	4,12,13	148.3	9.3	3.85	21	4600	do.
May	80	50	68	26	33	3	175.9	11.5	2.46	19	5920	do.
June	74	58	78	9, 11	45	5	193.1	14.3	3.93	18	4265	do.
July	82	58	80	30	42	13, 14	161.6	11.1	2.61	18	3049	do.
August	79	56	76	1	40	30	136.7	11.1	5.33	25	4955	do.
September	83	55	75	16	39	13	116.9	10.1	5.45	18	4410	do.
October	88	50	68	15	37	27	108.7	6.9	4.59	18	2	4842
November	87	44	56	10	26	16	43.0	6.9	5.70	25	5	5141
December	84	36	50	30	17	24	57.8	6.1	1.47	11	4	3801
TOTALS							1348.7		39.82	203	15	51872
Monthly Averages	83	46					112.4		3.32			4324

Rainfall: Average 1887 to 1963: 44.305 ins.

Sunshine: Average 1887 to 1963: 1096.4 hrs.